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Medical Examiner:

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N. S. DAVIS, M. D., and F. H. DAVIS, M. D.

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THE

MEDICAL EXAMINER.

A

Semi-Monthly Journal of Medical Sciences.

No. I. CHICAGO, JANUARY 1, 1874. VOL. XV.

Original Communications.

CHRONIC DISEASE OF THE SPINAL CORD.

A REPORT PREPARED FOR THE CHICAGO MEDICAL SOCIETY, AT ITS REGULAR MEETING, DEC. 15, 1873. BY N. S. DAVIS, M.D.

ALTHOUGH not a member of this Society, the late Dr. Milton Parker had been a practitioner in this city during the last seventeen years, and was so well known to most of us, that I have thought a brief history of the disease which terminated his life would not be without interest and value.

Dr. Parker was born in 1810, in the State of New Hampshire, and died Dec. 7, 1873, at the age of sixty-three years. His education, both preliminary and medical, was obtained chiefly in Cambridge and Hanover. During the first few years after he entered the profession, he practiced with his father, who was a physician, residing in Acworth, New Hampshire. Desiring the advantages of a milder climate, however, he removed to Virginia in 1845, and continued the practice of his profession in that State until 1856. In the last-named year he became a resident of this city, and soon acquired a fair practice, and also won the respect and esteem of a large circle of friends. About three years since he began to complain of a feeling of uneasiness and pressure, accompanied at times by sudden sharp pains in the region of the lower cervical and four upper dorsal vertebræ. There was also tenderness on pressure over the third, fourth and fifth dorsal vertebræ. These symptoms were very variable in the degree of their severity, but seldom were sufficient to interrupt his attention to professional business. After a few months, he found a considerable space over the anterior surface of his chest entirely anæsthetic, or devoid of ordinary sensibility. Then followed, in succession, a great variety of morbid sensations along the spine and in the lower extremeties. These sensations were sometimes like the trickling of cold water, sometimes a prickling heat, and at other times numbness. There were also frequent twitching sensations, like the spasmodic action of in

dividual muscular fibres, more especially in the legs. These symptoms, with the frequent sharp neuralgic pains in the dorsal part of the spine, and sometimes in the legs and feet, were sufficient to cause a great amount of discomfort and loss of sleep, but were not accompanied by any general derangement of digestion, nutrition, and secretion, until within a few weeks before his death. But the steadiness and co-ordination of muscular action in the lower extremities began to fail visibly in the early part of the present year; and such failure steadily increased until, six months since, his gait became so unsteady that it greatly limited his attention to business. The sharp, twinging pains through the back, shoulders, and region of the pectoral muscles, also increased much in frequency and severity.

During the slow progress of his suffering, he received, from time to time, the counsel and advice of several of his medical friends, and submitted to a variety of treatment. He used early and efficient counter-irritation over the affected portion of the spine, and, subsequently, anodyne plasters and liniments. He used, internally, both iodine and mercurial alteratives, the bromides, chloral, ergot, and various tonics, but with very little apparent control over the progress of the disease. About four or five weeks before the fatal result he rather suddenly lost all power of motion in his lower extremities, and, at the same time, suffered a great increase in the pains and muscular twitchings between the scapular and around the chest. To relieve the intensity of his suffering, he called for, and received, from one of his medical friends, daily, a subcutaneous injection of morphia, which afforded much temporary relief. But the paralysis rapidly extended upward until it included the rectum, bladder, and whole lower half of the body. His appetite and digestion failed; hiccough became troublesome; the extremities cool; the pulse feeble; the mucous membrane of the mouth and fauces tender; the mind incoherent; and at last he sank into a pulseless and lethargic condition, which ended in death on the morning of the third day.

Although no *post-mortem* examination was made, there can be no reasonable doubt but that his disease was a slow organic or structural change in the upper half of the dorsal portion of the spinal cord.

Concerning the exact nature of the morbid change in the cord, all might not agree. It differed from cases of ordinary spinal atrophy or progressive locomotor ataxy in these particulars: The pains and local tenderness were both much more severe and persistent; the impairment of muscular motion and co-ordination did not become manifest until a much later period in the progress of the disease than usual; and, in the end, paraplegia came on much more sudden and complete.

My professional familiarity with the case was limited to the last six months of the patient's life, and I regarded it as one of true *sclerosis;* in other words, an inflammatory thickening or hypertrophy of the connective tissue, so interfering with the sensibility and nutrition of the true nerve-matter as to cause both irritation and atrophy, thus accounting for both the unusual pains and progressive failure of sensibility and motion.

INVIRMINATION, ASSOCIATED WITH MEASLES. BUBONOCELE.

CLINICAL NOTES, BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

CASE I.—*April 3d*, 1873.—F. O., female, nearly five years old; nervous temperament, and rather feeble organization; fair skin and hair; light brown eyes. Came from Savannah, Ga., ten days ago, where the parents have resided a few months. Complains of pains in the stomach and bowels, with impaired appetite; abdomen full; constipated, and the tongue coated white. Believing that intestinal worms were a source of at least a part of the trouble, gave small powders, as follows:

℞.—Santonin, grs. iv.
Calomel, grs. ij.
Pulv. Doveri, grs. viij.

F., 4 powders. Sig., one every three hours, followed with castor oil on taking the last.

April 6th, 10 A. M. — Was called, and learned that nine large round worms had been voided since Thursday. Found the child much depressed; pulse soft, feeble, and about 120; face purplish; and inclined to sleep. Was told that her mother had, during the morning, given her a dessert spoonful of "vermifuge," which I found to be composed, principally, of wormseed oil. Has voided one worm since daylight. Gave milk-punch, and half grain doses of quinia every hour. 12 M. — Has aroused so as to talk; countenance now natural; tongue clearing off; occasional reddish spots upon the face; no cough; and has no pain.

April 7th, 9 A. M. — Eruption of measles upon the face and forehead, but slight upon the body. Bowels moved twice during the night; one worm voided. Is wakeful; slept but little during the past night. To have warm drinks and to be kept from a current of air.

April 11th.—Has been free from fever since last report; some cough, which was allayed by taking a simple expectorant of syr. ipecac and sang. canadensis. Bowels open.

April 12th—Discharged.

In this case the measles were very light; and were she not affected at the same time with worms, no disturbance would have resulted. As it was, the child nearly succumbed to the reflex condition induced by their presence.

CASE II.—W., aged fifteen; pure African; came to my office, and showed a large swelling in the left groin. There is a warty excrescence upon the penis, posteriorly, and near the frænum, which is reddened and appears inflamed. No other lesion of structure. Touched the wart with strong solution of carbolic acid, and directed him to return.

April 7th.—A small, soft chancrous abrasion upon the glans can be seen. This I touched with carbolic acid, and I prescribed tinct. iodine to be applied to the inguinal swelling.

April 26th.—This boy called in occasionally for a few days, and the

sore upon the glans healed readily. The inguinal swelling subsided slowly, without opening.

Of the specific character of the affection above described, I am not sure.

The boy admitted having connection with a girl, as likewise did two or three others, who had simple gonorrhœa, at the same time. It is not at all uncommon to meet with negro boys, of a more tender age than this fellow, laboring under syphilis and gonorrhœa.

In *ante bellum* days, we read of a social status among the slaves which shocked our sensibilities. If such a condition obtained *then*, which was worse than what we know to be true now, if the admission of patients is relied on, the slave condition was truly deplorable. Emancipation certainly has not proved a reformation.

I would not tempt incredulity on the part of the readers of THE EXAMINER in the relation of what is well known to be true; and the same is true, also, of a certain class of whites in our midst.

In illustration of the latter remark, I will relate the following case:

In March, 1871, a woman brought to me her little boy, three years old, who, as she said, another doctor had told her had "a bad disorder." I found phymois, and upon the left side of the glans, bulging out through the preputianal integuments, a hard swelling. This had been touched with some kind of caustic by my predecessor in the case, which caused inflammation, and the phymotic condition as above stated.

I merely advised some soothing application for the present, and soon lost sight of the case. I learned subsequently that some one had him in charge who treated the affection as syphilis. A glance at the social surroundings of the family would suffice to render a diagnosis certain.

I once met with the case of a white girl, not over nine years old, who had to exhibit as profuse a crop of condylomata upon the genitals, and extending well over the whole perinial region, as was ever seen in one of riper years. There appeared to be both gonorrhœa and syphilis in this case. Her mother was a white woman, but cohabiting with a coal-black negro.

DISLOCATION OF THE HUMERUS.

CLINICAL LECTURE, SURGICAL WARDS COOK COUFTY HOSPITAL. SERVICE PROF. EDWIN POWELL, DEC. 5, 1873.

Reported by D. A. K. Steele, M.D., Home Surgeon.

GENTLEMEN: This patient, J. R., aged thirty-two, native of Ireland, came into the hospital Dec. 3d; states that two days previous to his admission he was pitched out of a saloon, striking on his hands and right shoulder; has had some pain in the hand and arm since; says fingers feel numb; cannot move the injured arm freely. Now let us proceed to examine him, and see if our diagnosis corresponds with that on the House-Sur-

geon's record. In the first place, note the general appearance of the man. Rather under medium height, somewhat round-shouldered; but in particular, you will notice a lack of symmetry in the form of the shoulders: the right acromion process is much more prominent than the left, and you will see a little depression beneath it. The natural rounded contour of the shoulder is obliterated. You also notice that the right elbow is carried away from the side of the body: does not hang down perpendicularly. The line of axis of the humerus is directed towards the axilla, instead of towards the glenoid cavity. By palpation we detect a rounded body in the axilla. Now, as to posture, let us apply Professor Dugas' test. He states that, "If the fingers of the injured limb can be placed, by the patient or by the surgeon, upon the sound shoulder, while the elbow touches the thorax, there can be no dislocation; and if this cannot be done, there must be a dislocation." In other words, it is physically impossible to bring the elbow in contact with the sternum, or front of the thorax, if there be a dislocation; and the inability to do this, is proof positive of the existence of a dislocation, inasmuch as no other injury of the shoulder-joint can induce this disability. This is a little more positive language than I think a surgeon is justified in using on any surgical subject. But Professor Dugas is one of those men who love to use positive statements. Now, let us see: As I put the injured hand on the sound shoulder, you see the elbow recedes from the sternum. This is caused by the anatomical structure of the parts. The chest being an elliptical body, and the humerus straight, if its head be locked in behind the acromial end of the clavicle it is impossible to bring the elbow down on the thorax without using undue force. We have also, as you see, an absence of crepitus on rotation.

In a case as clearly marked as this, it would seem that it would be impossible to make a mistake in the diagnosis; and yet occasionally mistakes are made, as you have seen in one of our recent clinics. When the parts are contused and considerably swollen around the joint, many of these diagnostic marks may be rendered obscure; but in a case where the symptoms are as clearly marked as this, you would never be justified in making a mistake. There are three different forms of dislocation of the shoulder-joint: downwards, or subglenoid, as in this case; forward, or subcorocoid; and backward, or subspinous, a rare form of dislocation. I am glad to see that Professor Hamilton, in his recent work on Surgery, has discovered the idea of a partial traumatic luxation of the head of the humerus, as described by Sir Astley Cooper. I could never bring myself to understand how, under any circumstances, such a luxation could occur, from the anatomical conformation of the parts. The only way, in my opinion, in which we could get a partial luxation, would be as the result of a chronic rheumatic arthritis, or muscular rheumatism. As to the method of reduction, there are a variety of ways employed: First, by manipulation, with the arm at right angles with the body; second, with the knee in the axilla as a fulcrum, using the humerus as a lever; third, extension with the heel in the axilla;

fourth, extension and counter-extension, as used by Nathan R. Smith.

At this point the patient was etherized, and Professor Powell effected the reduction by means of extension and pressure in the axilla, the head of the humerus being wedged below the acromial end of the clavicle. The arm was then dressed in a sling, and the patient directed to use it gradually.

During the remainder of the clinic hour, the attention of the class was directed to a case of concussion of the brain, from a fall; a case of surgical shock; and an amputation of the thigh, lower-third, for a compound dislocation of the knee and ankle.

Original Translations.

NOTES ON SYPHILIS.

Translated for THE EXAMINER, *from La France Medicale of Nov. 5th, 12th, and 15th.*

LANCEREAUX on the treatment of acquired syphilis (*La France Medicale*, Nov. 5, 1873): 1. Period of primary accident, or syphilitic chancre: No mercury should be employed; the regime should be slightly tonic, ferruginous, and hydrotherapeutic. Mercury is to be exhibited only in order to procure resolution of indurations which are indolent in disappearing, and is the more useful and necessary as the ganglionic system is more profoundly affected. In all other cases observe scrupulous cleanliness, and employ lotions of aromatic wine, or alcohol mixed with a variable quantity of water; and dress simply with calomel ointment, or dry lint. Cauterization is useless, if not dangerous.

2. Period of secondary accidents: When local manifestations, though imminent, are not yet declared, and the patient is in a prodromic stage, we find intense cephalalgia, general lassitude, wandering pains, and moral depression. These point to a speedy explosion of the disease. Mercury is not yet indicated, but laxatives, if the secretions are disturbed; iron, if there be chloro-anæmia; and, as a rule, rest, by the aid of opium and baths. Mercury is to be exhibited when exanthemata occur, even if these be of the roseolous and papular varieties, for which M. Diday considers such a medication valueless. Discontinue the mineral on subsidence of the eruption, lest anæmia or *obesity* (sic.) be induced. The author does not recommend the administration of mercury by inunction, or subcutaneous injection, but prefers the use of the bichloride or protochloride internally, especially the former, and discontinues the remedy on the disappearance of all syphilitic manifestations. The intercurrent indications are to be met. Baths, and the iodide of potassium, are useful in case of syphilitic fever, and at the outset of secondary manifestations.

3. Period of tertiary accidents: Iodide of potassium is generally indicated. In cases of visceral complication, calomel, in minute doses, should be tried. In some intestinal derangements, due to lesion of the hæmatopœtic glands (liver and amyloid spleen), mercurial friction is recommended, and the use of nitric lemonade (Bud). Ulcers of foul aspect require glycerine, alcohol, tincture of iodine, sulphate of copper, nitric acid, perchloride of iron, corrosive sublimate, iodoform, more or less concentrated solution of chloral, or meta-chloral (Duj.-Beaumetz). Syphilitic arthropathy, osteocopic pain, and osteoperiostitis, require vesication. For rebellious exostoses apply vesicatories, and dress with tincture of iodine or Neapolitan ointment and emollient cataplasms.

La France Medicale, Nov. 15, 1873: Syphilitic dermatosis cured by Lewin's treatment. N. had treated a blenorrhagia, by imbibition of a decoction of sarsaparilla, without effect. The discharge finally ceased on his remaining for hours in a rain-storm, when his clothes became thoroughly wet. Soon after, a crustaceous eruption appeared on the scalp, which was diagnosticated as impetiginous eczema. Preparations of sulphur aggravated the disorder, and the use of the sulphurous thermal baths of Grabalos, in Spain, brought about a slight diminution of the eruption upon the scalp, and its general appearance upon the surface of the body, especially upon the right leg, from knee to foot. Three additional resorts to thermal treatment, under the direction of as many different physcians, resulted in his confinement to bed. Dr. Badia, who was then summoned, established the existence of alopecia, induced by non-catarrhal eczema, catarrhal (seropurulent) eczema, and impetigo of the right thigh, patches of serpiginous impetigo in the flexures of the joints, light and bronze-yellow maculæ generally, hyperidrosis of integument, especially on the inner faces of the thighs, and, lastly, acute varicella, pursuing its usual course. In making a syphilitic diagnosis, Dr. Badia was influenced by a belief that sulphurous remedies and sulphur-waters constituted a touch-stone for syphilitic dermatoses, since their influence was negative in a curative direction, and produced a positive aggravation of symptoms. The color and peculiar grouping of the maculæ, the absence of itching, and the discovery of a syphilitic taint in the wife and children of the patient, confirmed the opinion. In accordance with the therapeutic method of Prof. Lewin, of Berlin, a subcutaneous injection of a solution of the bichloride of mercury was employed daily, the amount injected being increased every fortnight, while topical applications were made with phenic acid and mercurial ointments.

La France Medicale, Nov. 12, 1873, contains a review of a recent publication by Dr. Corlieu on the mortality of the royal families of France. In a pathological point of view, no greater interest attaches to the diseases of a royal family than to those of the commonest of their subjects. A discussion of the question whether the house of Valois had a syphilitic taint may be of interest to students of history in general, and the French nation in particular, but hardly presents an attraction for scientists. There is, however, one point in the

determination of the facts of the case, which has a bearing on the genetic relations of syphilis to morbid diathesis. Roubaud gives the following details:

"Francis I., crowned at twenty-one years of age, contracted a venereal disease, either before or after the birth of his children. The first son, Francis, died when nineteen years old, and is said to have been poisoned by Montecuculli. Charles, the second son, died at twenty-nine years of age, in Picardy, of the plague. Henry II., the youngest son, was killed, in his forty-first year, in a tournament. The first daughter, Louise, died when two years old; the second, Charlotte, in her eighth year; the third, Madeleine, wife of the King of Spain, died in her seventeenth year, of fever; while Margaret, the youngest daughter, survived till her fifty-first year, and became the wife of the Duke of Saxony."

The children of Henry II. are cited in proof of the transmission of the taint, and the genesis of a diathesis. "The first son, Francis II., died childless, of scrofulous caries of the ear, at seventeen years of age; the second, Louis d'Orleans, died of scrofula, in his second year; the third, Charles IX., died of phthisis, aged twenty-four; while the fourth, Henry III., was assassinated in his thirty-eighth year. The first daughter, Elizabeth of France, died at twenty-three years of age; the second, Claude, at twenty-seven years; the third and fourth, twins, died almost at birth; and the last, Margaret of Navarre, lived to be sixty-two years old."

Per contra, it may be remarked:

First. The fact of the *syphilitic* infection of Francis I. is not admitted by all historians. The story related by L. Guyon (*Lecons Diverses* No. ii.) though accepted by Mezerai, Garnier, Gaillard, and others, is not universally credited. He is there stated to have had criminal relations with the wife of a barrister named Feron, who, in order to revenge himself upon the King, contracted a venereal disorder in a notorious resort, and succeeded in infecting his wife (who subsequently died of the disease), and through her the royal seducer. But Francis I. was sick in Compiegne, in 1538, in consequence of some disorder of the genito-urinary organs, from which he is said to have suffered for eight years previously; while it is known that, in 1519, Leonardo da Vinci died, who painted the portrait which tradition has named *La Belle Feronniere*, and which represents a lovely woman in the bloom of healthful beauty. (See Martin's voluminous History of the Kings of France, vol. viii., Paris, 1844.)

Second. The *nature* of the disease incurred by Francis I. has not been accurately determined. He died of exhaustion and irritative fever, occasioned by what has been called an "inveterate ulcer." But it has been definitely determined that that "ulcer" was, in reality, a vesico-perineal fistula. Such a lesion certainly does not point to syphilitic antecedents, but rather to a chain of events commencing with a urethral stricture, possibly of blenorrhagic origin, and continuing with the occurrence of urethral abscess, and more or less cystitis at the bas fond of the bladder. Such a complication would be serious enough for the surgery of the sixteenth century. Gaillard (vol. vii., p. 355) states that the King was partially relieved

by a Jewish physician, who placed him upon a diet of asses' milk.

Third. It is merely shown that, of eighteen individuals in one family, two died of scrofula and one of pulmonary consumption, a truly small proportion in view of the excesses and debaucheries of the race and of the period. Nor can the complete extinction of the house of Valois, brought about by unfruitful marriages, be adduced in proof of hereditary taint, since consanguinity in marriage is almost a necessity in royal families, and would tend to produce such results: while the frequency of hereditary syphilis is evidence that sterility and impotency are not the natural agencies by which the disease is self-limited.

It is fair to conclude, then, that the dyscrasia evident in the descendants of Henry II. is not *proven* to have originated in a syphilitic taint of the grandfather. And it is worthy of note that Charles IX., whose last words, almost inaudible on account of a pulmonary hæmorrhage, bore witness to his satisfaction that he left no male infant to wear the crown after him, was yet the father of a healthy son. That son was born of his mistress, Marie Touchet, and he arrived at adult years to the dukedom of D'Angouleme.

J. N. H.

ON ARTIFICIAL PRODUCTION OF RHACHITIS AND MOLLITIES OSSIUM.

From a Paper Read to the Imperial Society of Physicians of Vienna, Oct. 24, 1873, by Dr. C. Heitzmann.

Translated for The Examiner *from the Allgemeine Wiener Medical Zeitung.*

ENTERING last year on the study of diseases of bones, I met with some statements, while reviewing the literature on the subject, to the effect that lactic acid had been demonstrated in the urine of patients suffering of rickets and mollities ossium, by a number of chemists, and that C. Schmidt had even extracted this substance out of the liquid found in cysts in the bones of such persons. The suggestion, by some authorities, that this acid plays an important part in the ætiology of these affections, induced me to investigate the question by experimentation.

Attempts at artificial softening of bones are not of late origin. In the third decade of this century Guerin raised two packs of dogs, one exclusively on fresh meat, the other on bread and milk. While the latter retained their health, the former, after a slight increase in weight, were attacked with diarrhœa, became emaciated and, finally, rickety; whence the experimenter concluded that rhachitis was dependent on an early weaning and substitution of animal diet.

Some years later Chosset deprived pigeons of all calcareous salts, feeding them only on wheat, with the result of deficient ossification and fragility of the bones. These statements were confirmed by Bibra, who found,

besides, that the eggs of chickens, under similar treatment, did not possess a calcareous shell, and that at last the oviparous process ceased altogether.

Within the last year Wegener has observed that a typical rhachitis can be produced in chickens by the deprivation of calcareous salts simultaneous with the administration of phosphorous.

My own experiments were commenced on the 9th of April, a year ago, on a large young hound, who received daily two hypodermic injections of dilute lactic acid, and, besides, had his food flavored with the same article. His bill of fare was limited to milk, boiled meat, white bread, cooked potatoes, and fat; while bones and rye-bread were excluded on account of their richness in calcic salts. A single week sufficed to produce marked appearances, among the first of which were convulsions during the sleep of the animal, proceeding from the feet to the muscles of the back, sometimes so violent as to awaken the animal. This was soon followed by diarrhœa, the dog became dejected and exhausted by the least exertion, restless, and emaciated. A fortnight later, swelling of the epiphyses of the fore feet was observed, and, soon after, the same in the hind feet, while tumefaction occurred at the connection of the ribs with the cartilages, and the limbs began to curve. This curvature increased rapidly, reaching its climax between the fifth and sixth week of the use of the drug; the bones of the extremities were arched, with the convexity outward, the forefeet even S-shaped; the hound was metamorphosed into a terrier.

Such a striking result encouraged me to further experiments, which have since been performed on five dogs, seven cats, two rabbits, and one squirrel. Two of the dogs were lost by peritonitis, probably from too concentrated, and an excess of, the lactic acid. The other animals have been observed during a period varying between sixteen days and thirteen months. I soon learned that injection of the agent was unnecessary.

The dogs and cats, young animals in the process of development, suffered, in the second week of the experiment, of a tumefaction of the epiphyses of the long bones and the connections of the ribs and cartilages, augmenting in size till the fifth or sixth week, with curvature of the extremities, catarrhal inflammation of the conjunctival, bronchial, gastric, and enteritic mucous lining, and convulsions.

Though these symptoms presented by the carniverous animals are characteristic of rhachitis, the stern demands of science called for a positive proof that this was the actual disease, which, however, was really given by a subsequent microscopical comparison of the bones of the animals with those of rickety children.

These appearances remained, then, stationary up to the sixth or eighth week, when, though the lactic acid alimentation was continued, they began to decline, and finally disappeared to some degree. Notwithstanding my discouragement at this unexpected result, the course of experimentation was not interrupted, and my patience was at last rewarded with success, for, as the influence of the acid was kept up, a repetition of the catarrhal symptoms was observed, the growth was

retarded, and emaciation the constant condition.

After four or five months, desiring to investigate especially osseous inflammations, I selected for this purpose several of the dogs and cats, with the intention of producing fractures of the long bones in some, of the scapulæ in others; but, while attempting to fracture the thigh of a narcotized dog over the edge of the table, I was surprised to find the limb as flexible as whalebone, and that very little exertion sufficed to complete the process, which, in healthy animals, requires considerable force. The dissection showed a marked attenuation of the cortical laminæ in long bones, and a parchment-like thinness and flexibility of the scapula, while the marrow appeared highly vascular, and, in a section steeped in chromic-acid solution, expanded above and beyond its enclosing walls.

In the hound previously mentioned, killed after eleven months experimentation, on suspicion of hydrophobia, the cortical laminæ of the femur, of two or three mm. thickness in corresponding healthy animals, was reduced to one mm., and at some spots where the enlarged marrow had caused erosion, to five-tenths mm. The diagnosis of mollities ossium, so appropriate in this case, was confirmed by the microscopic examination of the osseous tissue of two patients dead with the disease, the peculiar appearances of which were similar.

The symptoms presented by the herbiverous animals experimented upon were somewhat different, more of them having suffered of swelling of epiphyses or curvature of the extremities. The two rabbits, both of the age of five months, died after three and five months, respectively, apparently from inanition, though they had been well fed on vegetables, bread, and boiled potatoes, and had evidently been growing. In the *post-mortem* examination, the long bones showed a rather thin, compact tissue, and remarkably brittle, but the microscopic appearances were not sufficiently characteristic of the lesions of mollities ossium to justify such a diagnosis. In the meantime the squirrel died, at the age of three years, under circumstances referable only to old age; but as I am aware, from previous experience, that the duration of life in these animals reaches five years, it seems to me probable that the lactic acid administered, *guttatim*, for thirteen months was the means of hastening somewhat the animal's death. A dissection, one hour after death, showed the long bones light, soft, flexible, and apt to break without snapping; the ribs delicate and thin; and the cranial bones and scapula of the thickness and flexibility of paper; in fact, the complete picture of mollities ossium.

The direct inferences of my experiments are, therefore, that, in carnivorous animals, rhachitis, and, subsequently, mollities ossium, are produced by the continued administration of lactic acid; while, in herbiverous ones, the latter affection, not preceded by the former, is the result; and thus the hypothesis that rhachitis, the disease of youth, and mollities, the affection of middle-age, are identical morbid processes, is well sustained, since the same agent produces either, according to the age of the animal.

Still, many points of interest are

involved in uncertainty. The chemist can trace the conversion of hydrocarbons into lactose, and this into lactic acid; but why this pathological accumulation of a normal, proximate principle? No doubt, however, the department of ætiology has received an addition, though my present paper is limited to the contents of some statements of mine published by the Imperial Academy of Sciences, in June last

I may, finally, remark that I am at present placing a couple of cats (male and female) on the use of lactic acid, with the hope of perpetuating the disease.

At the close of this report the author exhibited a fœtus of seven and one-half months, the result of a miscarriage, during the previous night, of the woman who had attended to the feeding and administration of the acids to the animals; which child, dying after several respirations, presented marked appearances of congenital rickets; but that this occurrence was the result of the occupation of the mother, the author was not prepared to affirm.

H. G.

Editorial Department.

TRIAL OF THE BLOODLESS METHOD OF OPERATING IN MERCY HOSPITAL, CHICAGO.

ESMARCH, of Germany, has recently proposed a method of saving blood in operations upon the extremities, which is attracting great attention in Europe. As it is a novelty, the following trial of it at the Mercy Hospital clinic, by Prof. Andrews, will be read with interest:

The patient was a large-framed young woman, suffering with incurable neuralgic cicatrices in the left foot, following the cure of extensive caries of the tarsal and metatarsal bones. Every other resource of medicine and surgery having been exhausted, it was determined to remove the offending part by Pirogoff's amputation.

Anæsthetics being administered, Prof. Andrews took a six-yard roller of elastic bandage, and, commencing at the toes, applied it tightly, lapping each turn over half the previous one, until it extended four inches above the knee. A piece of common rubber tubing, about half an inch in exterior diameter, and four yards long, was then wound several times very tightly around the thigh, just at the upper edge of the elastic bandage, and secured by tying its ends together. The effect of these manipulations was, that the elastic bandage expelled all the blood from the limb by its great pressure, while the girdle of rubber tubing acted as a tourniquet to prevent its return. The elastic bandage was now removed, when the limb appeared blanched and somewhat shrunken. The amputation was performed rather slowly and deliberately, so as to test the efficiency of the new plan. The incisions

yielded not a stain of blood, except at one point, where three or four drops were visible; at every other place they were as bloodless as they would have been on a stick of wood, so that the minutest dissections could have been made as easily as upon the dead subject. It was only after the incisions were over, and the tubing was loosened in order to ascertain the position of arterial twigs requiring ligatures, that any oozing of blood occurred.

Modifications of this plan have already been introduced in Europe, one of which was described in the last number of THE EXAMINER; but it is not possible to say, at present, which method is the best. It is obvious, however, that the principle involved is a great improvement, and will be the means of saving much blood and many lives.

One incidental effect is to render the regular tourniquet almost an obsolete instrument, and to confirm the fact demonstrated by Prof. Andrews at the Mercy Hospital clinic a year ago, that rubber bands may be substituted for it in almost every position where it is now employed.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY.—What has become of the Transactions of the Annual Meeting of the Society held in May last? For several years it has been a positive by-law, repeatedly endorsed by the Society, that all papers and reports referred to the Committee of Publication should be placed, by their authors, in the hands of the Permanent Society for the Committee, before the first day of July, and that no delay should be had in publication for papers after that date. Six months have now elapsed since July 1st, 1873, and seven months and a half since the Annual Meeting was held, and no Transactions yet. Some of those who prepared papers, and presented them in due form at the meeting of the Society, are getting a little anxious to see them in print. What is the matter? Who is delinquent? Will the Committee of Publication explain?

THE CHICAGO JOURNAL OF NERVOUS AND MENTAL DISEASES.—This is the title to a new medical periodical to be published in this city by Prof. Y. S. Jewell and Henry M. Bannister, M.D., to be devoted to the special department of nervous and mental diseases. The first number is promised about the first of February next, and is to be continued quarterly thereafter. We know that the editors and proprietors of the proposed journal have been making the most ample preparations for their work, and we hope they will be rewarded by a liberal patronage from the profession.

TO SUBSCRIBERS.—Our readers will notice some changes in the present number of THE EXAMINER. The size of the page has been lessened slightly, but retaining the double columns; and the number of pages have been increased to the extent of adding one-third more of reading matter. This adds several dollars to the cost of each number, and ought to induce every subscriber not only to pay his subscription promptly, but also to use his influence in inducing his neighboring practitioners to subscribe.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF DECEMBER 6TH, 1873.

Reported by Plym. S. Hayes, M.D

THE Society met in Parlor No. 1 of the Grand Pacific Hotel, the President, Dr. A. Fisher, in the chair.

The censors reported favorably on the application for membership of Drs. Charles Hayes, Simons, Tucker, Henrotin, jr., Hews, and Hamill, who were unanimously elected.

Dr. Wood read a paper on "Waxy Kidney," which he illustrated with a case from practice.

Dr. Jackson, chairman of the section of Obstetrics and Diseases of Women and Children, then read the report of the sub-section of Gynæcology, which consisted of extracts from the recent literature on the subject. The topics considered were: Cancer of the uterus treated by dried sulphate of zinc, ergot, and gastric juice; dysmenorrhœa treated by hysterotomy and mechanical dilitation, by means of bougies and laminaria digitata; use of fuming nitric acid in chronic inflammation of the uterus; intra-uterine medication; treatment of prolapsus by means of tannic acid; of procedentia by the actual cautery and pessaries; use of the intra-uterine stem in flexions; treatment of uterine fibrous tumors by hypodermic injections of ergotine, and of their removal by means of a steel wire; drainage tubes for the prevention of septicæmia, following ovariotomy; latent gonorrhœa in females; and dilitation of the female urethra.

After the reading of the report, the Doctor, by request, gave an account of two cases of fibroid tumors of the uterus, which were treated with hypodermic injections of ergotine. One of the cases had recovered, while the other was yet under treatment and improving. The solution used was one part of ergotine and three of water. In one case, the injection over the tumor was followed by abscesses. Subsequently, the region of the deltoid was selected, and the injection introduced deep into the muscular fibres, with as good result as when made over the tumor.

Dr. Owens described a method of treating the pedicle after ovariotomy, by means of an instrument which kept up a continuous traction on the wire ligature. He gave a description of the means employed in cleansing and disinfecting the abdominal cavity after ovariotomy, which consisted of a nasal douche that had inserted in the end of the tube a gum-elastic catheter, which was introduced into the abdominal cavity through the lower portion of the wound, the douche holding the liquid being at the same time held above the patient. When the douche was nearly emptied, it was held below the patient, thus form-

ing a syphon of the tube, and emptying the abdomen.

Dr. Owens then presented a patient for examination by the members of the Society, of whose case he gave the following history: Mr. ——, aged thirty-three, contracted syphilis when in the army. Two years ago, the epiglottis, uvula, and part of the soft palate, were destroyed by syphilitic ulceration. The cicatrix contracting, left only a small orifice between the pharynx and the mouth. The patient could not talk above a whisper; and when eating or drinking, lies on his back, with head and shoulders somewhat elevated. He forms a bolus of his food, and, by means of the tongue, throws it into the throat, where it is grasped by the pharyngeal muscles, while the posterior portion of the tongue partially covers the larynx. He experiences more difficulty in swallowing liquids than solids; but rarely does anything enter the trachea.

Dr. Hyde submitted the following resolution, which was unanimously adopted:

WHEREAS, We have read the memorial relative to the medical corps of the army, addressed to the Senate and House of Representatives of the United States, which memorial was prepared in compliance with the unanimous resolution of the American Medical Association, adopted at its last meeting in St. Louis, Missouri; and, whereas, we heartily concur therein, therefore, be it

Resolved, That we, the Chicago Society of Physicians and Surgeons, respectfully invite the attention of our representatives in Congress to the memorial, and earnestly request their aid in securing the passage of the draft of a bill which accompanies it, entitled, "A bill to increase the efficiency of the medical department of the army."

Upon a motion of Dr. Jackson, the President appointed Drs. Jackson, Lyman and Davis a committee to prepare and submit a fee-bill to the Society.

Dr. Lyman moved that a committee be appointed to consult with the Chicago Medical Society in regard to the feasibility of having quarterly union meetings of the two societies. The motion was laid over until the next meeting.

Dr. Owens proposed the following resolution, which was carried:

Resolved, That a committee of two be appointed by the chair, to be known as the Committee on Clinical Reports, who shall cause to be presented to the Society monthly clinical reports from all medical institutions which may be found accessible.

The meeting then adjourned.

FOREIGN BODIES IN THE STOMACH. —A case is recorded in *Il Raccoglitore Medico* (No. xvi., 1873), by Dr. Benedetti, in which a nun, aged twenty-two, after suffering for some days from symptoms of gastric fever, with obstinate vomiting, ejected from her stomach a brass cross, one-third of an inch long, the cross-piece being one-fourth of an inch long. She remembered having swallowed it when she was nine years old. In the interval it had not produced any inconvenience. A case is also related in the *Imparziala* for June, in which a soldier swallowed a tablespoon. Severe dyspnœa followed; and in about three-quarters of an hour the spoon was ejected by vomiting. — *London Medical Record.*

Gleanings from Our Exchanges.

CLINICAL LECTURE ON CHRONIC ALBUMINURIA.

DELIVERED AT BELLEVUE HOSPITAL, N. Y., BY PROF AUSTIN FLINT, M.D

From the New York Medical Record, December 15, 1873.

GENTLEMEN: The topics which I shall present to you today embrace many features which are of much interest and importance, but which I shall be able to consider only in part. We have already considered acute desquamative nephritis, and now I wish to introduce for your consideration and study the different forms and manifestations of chronic disease of the kidneys. The existence of these affections is recognized by the changes which are manifested in the urine, and also by certain consequences resulting from renal disease. I wish to call your attention to certain points which will somewhat simplify and systematize your study; and I shall ask you to carefully read what has been written by some standard author or authors upon the different forms of chronic degenerative diseases of the kidneys, the effects which result from these different forms, and the circumstances which are involved in the differentiation, each from the others.

The most generally adopted classification of chronic diseases of the kidneys, or chronic Bright's disease, embraces four forms, namely: The large white kidney; the cirrhotic, or fibroid kidney; the fatty kidney, which some authors do not regard as a distinct form; and the amyloid, waxy, or lardaceous kidney. What effects do these different affections, severally and collectively, produce in the body?

These may be conveniently arranged in two classes: First, a diminished density of the blood, due to a constant elimination of albumen in the urine. This undoubtedly is an important element in the production of the dropsy which is so constantly present in these affections; but I would not be understood as saying that the loss of albumen, and consequent reduction in the density of the blood, is the sole cause of the dropsical manifestations.

The second class embraces effects which are due to the retention in the blood of excrementitious materials which should be eliminated from the system by the kidneys.

With the impoverished condition of the blood, which is in proportion to the loss of albumen, we have the dropsy, anæmia, and all those ulterior effects which arise from an anæmic condition; and, with the second class, we have all the effects which arise from the morbid conditions of the blood, caused by the retention of the excrementitious constituents of the urine.

The symptoms to which the latter of the two classes of effects give rise may be divided into the minor and grave symtoms. Among the minor symptoms are headache, nausea, and vomiting; looseness of the bowels, muscular cramps, etc. These are important symptoms, for the reason that they furnish evidence of a renal affection leading us to investigations which relate to the kidneys. More serious symptoms are those which denote inflammations, chiefly of the serous membranes, namely: pericarditis, pleuritis, and meningitis. Still graver symptoms are convulsions and coma.

With this brief outline, I shall bring before you cases illustrative of chronic renal disease.

The first case is a girl aged eighteen, a domestic. The countenance of this patient is quite typical. It is pallid, showing anæmia; and puffy, showing dropsy. There is a certain amount of anasarca present, not marked, but sufficient to show that the dropsy is diffused through the areolar tissue. A very reliable method of determining whether diffused dropsy is present or not, even in a very slight degree, is to make pressure over the sternum. If there be œdema, it can be recognized at that point. An important question to be decided now is, does the dropsy in the present case arise from an affection of the kidneys, or from an affection of the heart? It may be laid down as a general rule that, if there be much general dropsy, unaccompanied by difficulty in breathing, the dropsy can hardly arise from cardiac lesion. There is no evidence of heart disease in this case. Examination of the urine gives a s. g. 1018 acid; it contains considerable albumen, epithelial and granular casts and urates.

Let us now turn to the history of the case. Her family history is good. Patient is temperate; no evidence of specific disease. Two years ago—and this is a point of much interest—the patient had scarlet fever. It will be recollected that, while studying the acute form of Bright's disease, your attention was called to the fact that a great majority of the cases of acute albuminuria, or tubal nephritis, are cases in which the affection is a sequel of scarlet fever. It was also remarked that the acute affection rarely terminates in a chronic condition. But it seems probable that the case before us is a chronic affection, and that it dates its commencement from the occurrence of the scarlet fever; in other words, that we have here a chronic affection of the kidney following an acute tubal nephritis. Since she had the scarlet fever, her feet, face and body have occasionally become puffy, and the amount of urine passed has been sometimes quite scanty. Her face has never regained its natural color; and her strength has been very much diminished. She dates her present sickness at four days before her admission into the hospital. While in a profuse perspiration she sat down in a current of cold air, and she was seized with slight chill, with severe pain in the left side, and afterwards in the right side. Upon admission the pulse was frequent, the temperature raised, and the respirations rapid. To-day a physical examination of the chest reveals fluid in both pleural cavities. Now, a question of interest is, is this hydrothorax dependent upon the renal disease, or is it a case of double pleurisy? I do not hesitate to say that it is a case of double pleurisy. It is a case of double pleurisy which proceeds from renal disease, without much general dropsy. With but little general dropsy, and with no disease of the heart, it is out of all experience to have as much dropsical effusion within the chest as in this case. This case may therefore be regarded as an illustration of the occurrence of chronic affection of the kidney following acute tubal nephritis, and also an illustration of double pleurisy produced by renal disease. Her pleurisy has been treated by the application of dry cups to the chest; she has had, in addition, ten grains of quinine once a day, and pills of iron, aloes, and strychnia.

The second case gives us the following history:

Mrs. ——, aged thirty-three, English, and admitted to the hospital September 22d. Family history good. Patient was healthy until one year ago, when she began to suffer from attacks of dyspnœa, without cough, which were probably asthmatic in character. Vomiting and œdema of lower extremities first occurred about six months ago. During the past two weeks she has suffered from some pain in the back; and her urine has been scanty and high-colored. The vision has always been good. Upon admission the patient presented an

anæmic appearance, the breath was short, and the appetite poor. Examination of the urine gave s. g. 1010, albumen and casts. Physical examination of chest negative.

Sept. 26th.—Under the influence of diuretics and tincture of iron the patient's urine became more abundant, but giving same results by chemical and microscopical examinations.

Oct. 28th.—The patient does not pass much urine; complains of pain in her back and shortness of breath.

Upon physical examination of the chest, the area of cardiac dulness is found to be very much increased, and with this there is a murmur with the first sound of the heart, at the base. This patient now has pericarditis, with considerable effusion of serous fluid into the pericardial sac. There is considerable œdema of the lower extremities, and also considerable fluid in the abdominal cavity. Her face does not show any dropsy, and there is but slight indication of its diffusion by making pressure over the sternum. The question may arise here, is this a case of pericarditis, the inflammation giving rise to the effusion into the pericardial sac; or is it a case of hydros-pericardium, due to the chronic renal affection? There is a slight, but a sufficiently distinct, friction murmur occasionally heard, and this sign, be it ever so slight, indicates pericarditis, with a single exception. Sometimes, when there is a pleurisy of the left side, the action of the heart causes the exterior of the pericardial sac to rub against the pleural surface, causing a friction murmur with the cardiac rhythm, and this is called a cardiac pleural friction murmur. If the murmur were of this kind, it should be heard at the left lateral portion of the pericardium. But the friction murmur is more to the right, nearer to the base; it is superficial in character, being a slight grazing sound.

Taking into account the existence of pericardial effusion, there can be no doubt that the murmur denotes pericarditis. Pleurisy can be excluded because an abrupt line of dulness denotes the boundaries of the distended pericardial sac, good resonance on percussion being found everywhere without these boundaries. A simple enlargement of the heart would not produce the dulness which is here found to extend above the base of the organ. The increased space of dulness in cardiac hypertrophy is downwards and to the left. This patient is not suffering much pain, nor is pain a constant symptom of pericarditis. Pain in this disease is sometimes extreme, and sometimes almost entirely wanting. We have, then, in this case another example of serous inflammation developed in the course of chronic renal disease, belonging among the grave secondary affections.

As regards the measures of treatment addressed to the pericarditis, in this case some soothing applications should be made to the præcordia; a light poultice, or the water dressing covered with oiled muslin, and an abundance of flannel. If the kidneys are found to respond to diuretics, these are indicated for a twofold purpose, as follows: to eliminate urea, and to promote the absorption of the liquid in the pericardial sac. Rigid quietude is to be enforced. There is danger of sudden death by syncope on exertion in cases of pericardial effusion. The condition of the patient will not admit of the employment of the active hydragogues with a view to the absorption of the effused fluid; but if the kidneys do not respond to diuretics, saline cathartics, or perhaps the pulvis purgans, may be advisable. The patient should be well nourished. Digitalis will be likely to be useful, by increasing the power of the heart's action.

The third case illutrates a condition associated with, but probably not dependent upon, the renal disease.

The patient's name is Miss C., aged twenty-two. She was admitted to the hospital on the 2d day of September. Family history good. Since last May she has had more or less œdema of the lower extremities. The dropsy extended up the limbs, appeared on

the face, and then about the body. She has had occasional nausea and diarrhœa. Exercise gives rise to palpitation of the heart and want of breath. This patient has a pallid countenance, but this is not as marked as when first admitted. Examination of the urine at the time of admision gave a low specific gravity, with albumen and granular and epithelial casts; subsequently, hyaline casts were found.

September 5th, hydro-peritoneum made its appearance, which has continued and somewhat increased up to this date, October 30th; and at the present time there is, as you see, considerable œdema of the lower extremities. No œdema of the face. The question arises in this case, is this hyro-peritoneum due entirely to the renal disease, or in part to some other cause? Although we have evidences of renal disease, I am quite sure that there is some other affection to account for the hydro-peritoneum. The hydro-peritoneum in renal disease sustains a relation to the dropsy in other parts of the body. But the general dropsy in this case is not an important feature, and this leads us to conclude that the hydro-peritoneum is due to some other disease than the renal disease. It is probably due to disease of the liver. But the expiration of my hour prevents further consideration of the case.

THE ELASTIC LIGATURE.

From the British Medical Journal, Nov. 29th, 1873.

ON the 21st instant, Sir Henry Thompson demonstrated, for the first time in England, a surgical procedure which has been practiced for some time past by Professor Dittel, of Vienna. It consists in substituting an innocent-looking elastic thread for the formidable array of knives, tourniquets, artery-forceps, and other paraphernalia with which the surgeon ordinarily approaches the patient. Before proceeding to perform the operation, Sir Henry related the curious accident by which Professor Dittel was first led to appreciate the extraordinary results which may be produced by the slight, yet continuous, pressure of a simple elastic thread. He was called to see a girl about eleven years of age, who was suffering from acute and severe, but somewhat anomalous brain-symptoms. The case was altogether obscure; the girl seemed in other respects healthy, but could give no account of herself — she was, in fact, at the point of death—nor could any satisfactory history be obtained from her friends. The attack soon proved fatal, and Professor Dittel made a necropsy. It was then found that the India-rubber band of the hair-net which she was wearing had ulcerated through the whole thickness of the calvarium, and had set up meningitis. On further inquiry, it was ascertained that the girl, having been constantly scolded by her stepmother on account of the untidy state of her hair, had, about three weeks before her illness, purchased an ordinary hair-net, and the elastic thread of this net, tied around the head, and worn day and night, had, in less than a month, cut through skin and bone and penetrated to the brain; and this apparently without causing any pain to the patient.

Professor Dittel at once proceeded to reduce to practice the idea suggested to him by this unfortunate accident. He first applied it to a case of nævus of the scalp in a child; then, finding that the plan quite answered his expectations, he applied it to the removal of the testicle, penis, etc., and finally to the ampu-

tation of limbs. He has now performed, by means of the elastic ligature, a large number of operations of all kinds, including five amputations of limbs. It is not understood, however, that he proposes to apply his method to the performance of the larger amputations; these were done rather with the view of testing the capabilities of the process. The time required for the completion of an operation varies according to the amount and density of the tissues which have to be divided, *e. g.*, for the separation of the mamma from eight to twelve days.

The chief advantage which Dr. Dittel asserts this plan to possess is, that patients so operated on are less liable to pyæmia than those treated in the ordinary way. He bases this assertion on the experience of the numerous cases referred to above. Remembering also what a morbid dread of the knife many nervous patients have, the depressing mental effects of an operation may often be greatly diminished. Lastly, the operation itself is absolutely bloodless.

Among the operations for which it is admirably adapted may be especially mentioned *fistula in ano*, which Dr. Dittel now invariably treats in this way. One end of the India-rubber thread is passed in the eye of a probe up the sinus into the bowel, then caught, brought out at the anus, and tied; it cuts out in a few days.

The patient on whom Sir Henry Thompson operated was a stout, middle-aged woman, who was suffering from an ulcerating fibro-cystic tumor (cystic sarcoma) of the right breast. She had had a lump in the breast for twenty years, but it caused her little inconvenience till two years ago, when it began to enlarge rapidly, and finally the skin over it gave way. At the time of the operation the tumor was of the size of a large orange, and somewhat pendulous, the breast itself being wasted; it was crowned by a large, sloughy, fungating ulcer. The ligature used was tublar, about one-twelfth of an inch in diameter, the calibre of the tube being about one-third of this. A large nævus needle was threaded with this and with a piece of twine (the use of which was explained afterwards) and passed under the base of the tumor; the elastic was then cut, the needle withdrawn, and the halves of the pedicle tied separately.

Sir Henry Thompson remarked, after the operation, that, although this was a very suitable case for the method adopted, it was not a severe test. The only accident that could happen was the snapping of the elastic when stretched; in that case, another length was tied to the twine, which had been passed under the tumor with the elastic and drawn by it along the track of the needle; otherwise, the twine was removed as soon as the ligatures had been properly tied. The best way to avoid the occurrence of this accident was always to use freshly-prepared elastic; if kept only a month, it was very liable to become brittle.

The skin over the tumor should be tightened just before tying, so that as little as possible might be included. Sir Henry added that, as that was the first time he had operated by that method, he had been anxious to comform in all respects to the practice of Dr. Dittel; but he thought that, another time, he should be disposed to make a superficial incision through the skin along the course of the ligature, so that it would be in a groove, and would not be liable to slip. He thought, also, that this would obviate the pain which Dr. Dittel said that patients sometimes experienced during the first two or three hours after the operation; in most cases, however, the pain was slight. This patient complained of pain, apparently not very severe, for about twenty minutes after she recovered from the chloroform. Dr. Dittel's paper in the *Allegemeine Wiener Medizinische Zeitung*, 1873, has furnished very full details respecting this mode of treatment.

CASES OF FLOATING KIDNEYS.

REPORTED TO WASHTENAW CO. MEDICAL SOCIETY, SEPT. 23, 1873, BY ABRAM SAGER, M.D., PROFESSOR OF OBSTETRICS IN UNIVERSITY OF MICHIGAN.

From the Peninsular Journal of Medicine.

THERE are various anomalies of form, of size, position and connection of the kidneys, which the investigations of the pathological anatomist have revealed to us. These anomalies may affect either one or both of these normally symmetrical organs. Thus they may occupy a position either higher or lower than usual, one of them may be in the pelvic cavity, or on its superior border. They may be more or less completely united and occupy a position upon the side of, or upon the nesial line, over the vertebræ. They may be entirely absent; unequally developed, or a single one of abnormal size; lastly, they may be lobulated, thus exhibiting a fœtal or inferior type of structure. These abnormalities are nearly always of a congenital character, and have their origin in some error of the development process. They are of importance chiefly in a diagnostic point of view, as they may be confounded with tumors of the ovaries, or the uterus, and have, though rarely, impeded the process of parturition. Setting aside these fixed anomalies of the organs, I beg to draw your attention to one variety of position less rarely met with, viz.: movable or floating kidneys. This anomaly affects far more frequently one than both simultaneously. It occurs much more frequently also in women than in men. Various, but not very satisfactory, causes have been assigned for these facts; doubtless in some cases it is of congenital origin, but its more frequent occurrence in woman may be due to the conditions of pregnancy, and tight lacing.

The following brief notes of two cases that have fallen under my observation during the last year, may convey some idea of the symptoms and signs exhibited by them, and also show why they are liable to be confounded with other tumors and growths of the abdomen:

CASE I.—Mrs. M., about thirty-five years old, of rather slender form, and the mother of one child, called on me, and stated that she had some trouble with her side, which gave rise to some pain and uneasiness at times, and often coupled with a dragging sensation when in the erect position.

She had already had the opinion of one or two physicians. They had considerably alarmed her by speaking the name of tumor; a name which, when applied to adventitious or normal growths of the abdomen, is generally associated in the minds of the laity with the anceps remedium. On placing the patient in the dorsal decubitus, and inclining toward the left side, I readily discovered a tumor a little below the margin of the false ribs. It had about the size and the uniform figure of a kidney, and was smooth to the touch. It could be readily moved in various directions, but chiefly upward and backward, and somewhat transversely. It could be depressed to the umbilicus, and slightly across the median line; backward and upward it could be carried completely under the margin of the false ribs; neither manipulation nor pressure caused any considerable pain, but rather a slight nausea or faintness. A slight degree of flatness of the dorsum over the site of the kidney, as compared with normal size; and greater resonance, or rather less dullness or percussion, indicated the absence of the kidney from its usual location. Anteriorly, the presence of the organ but slightly affected the usual resonance over the bowels.

I have seen the patient twice since at intervals of several months, and found no change in the physical signs. Her physician insisted that it was not a kidney, but a floating tumor; but of what nature he did not suggest; and, to confirm her doubts, one of her lady friends assured her it could not be a movable kidney, as she had never heard of such a thing.

I advised her to use an elastic bandage to give some support to the parietes and lessen the sense of dragging on the vessels and pedicle of the kidney; also, what seemed appropriate treatment, partly moral, for the atonic dyspepsia. She reported that the bandage was more uncomfortable than the tension, and hence had discontinued it. Beside a moral tonic regimen, I advised nothing further.

CASE II.—Mrs. S., twenty-six years old, married, and had one abortion, called to consult me in reference to some uterine disease. She was pale and sallow, and suffered from severe gastric dyspepsia. In giving the history of her case she stated she had been treated for enlargement of the liver. On examining the right hypochondrum, I discovered a tumor projecting below the ribs, round, smooth, and firm, and about the size of the kidney. It was not movable to the same extent as in the former case, yet distinctly so. By manipulation the entire tumor could be distinctly felt below the ribs, and so separate as to admit of being partially grasped. It was moderately sensitive, firm, and slightly elastic, and could be completely depressed behind the false ribs. There was more pain and uneasiness than in the former case. The margins of the liver could not be felt by the most careful manipulation. She said that in former years she had been accustomed to lace lightly, but at present could not bear pressure, but chiefly on account of the sensibility of the stomach.

The diagnosis of these tumors is important, as they are liable to be confounded with enlargements of the liver and spleen; with mesenteric fibroma; with enlargement of the bile cyst; with hydatid of the liver; mesentery or omentum; and, when they descend very low, with ovarian tumors, especially when, as occasionally happens, the floating kidney is affected with hydronephrosis.

The differential diagnosis must be drawn from the size, especially when observed at various periods; the form; the smoothness and insensibility, except when firmly pressed; and especially with the condition of the free mobility in the direction of the primary location of the organ. Something may also be inferred from the history and progress of the case, especially when considered in reference to cystic enlargement.

But, as in case second, the shape is not always uniform. This happens when the hilus of the kidney is turned backward, giving it a rounded form, the dorsum of the organ being turned anteriorly. The mobility, the firmness, and the absence of distinct tenderness, are here the chief criteria of diagnosis. From mesenteric fibroma, except by the fosm, mobility, and constancy of size and position, it could with difficulty be distinguished from ovarian tumor; the direction of its motion, passing from below upward and backward, would easily differentiate it.

There being, for itself, little required in the line of treatment, I repeat that it is chiefly to avoid unnecessary or injurious medication, that the diagnosis becomes important.

ELECTRO-THERAPEUTICS. — The morbid conditions wherein electro-therapeutical applications are indicated may be briefly summed up, viz.: in their efficacy in restoring normal action in partial or general paralysis, or wherever there is great atrophy or inert muscular action, dependent upon deficient nervous tone or deranged action in the nervous centers; in the subjugation of the violent pain of articular rheumatism; in certain atonic or debilitated conditions of the system, owing to impaired nutrition; in the removal of malignant tumors where surgical interference is entirely

out of the question, and especially in the extirpation of soft, morbid growths, etc.; and the effects of electrolysis and galvanism have been successfully demonstrated upon anatomical secretions, excretions and morbid cell developments. In applying electricity to tumors we use electrodes with sponge tips, saturated with a strong solution of chloride of sodium. We always commence from the border of the tumor and gradually approach the more solid particles; as a result, suppuration and absorption set in and destroy the growth.

In this connection we beg leave to refer to a case which came under our own treatment:

Dr. G., a prominent Catholic clergyman, of Brooklyn, N. Y., who suffered from malignant tumor, involving the right side of the face, neck, trachea, and other vital organs, to such an extent as to be unamenable to surgical treatment. He had consulted prominent members of the profession, without encouragement or success. The growth was rapid and pointed to an early dissolution by suffocation, presenting all the characteristics of schirrus. In June, 1871, he called at our office to consult us concerning his trouble, whereupon we informed him of its serious and threatening nature, and that, in our opinion, little encouragement could be given, save that which might be afforded by the judicious use of electricity. Our mode of treatment in this case was daily application of the galvanic current, from a sixteen-cell battery (of G. F. Manf. Co.) This treatment was continued from June 5th to July 7th, twenty-four applications in all, with great success, the tumor having entirely disappeared, relieving him of all its distressing features.—*Dr. Turnbull, Phil. Med. and Surg. Reporter.*

Enormous Accumulation of Extraneous Matter in the Stomach.—The patient in this case was a girl, aged four, who died in Hardwicke Hospital, of uncontrollable purging and vomiting. For nine months she had had a hard tumor in her abdomen, but nothing peculiar had been observed by her mother about her appetite. She never complained of any pain till two days before her death, when she was attacked with sudden colic, which lasted about an hour and recurred twice. The tumor was large and hard, and was freely movable. At the autopsy it was found to be composed of a collection of extraneous matters, such as pieces of cloth, cord, straw, grass, chips of wood, etc., which were all matted together into one large mass occupying the entire cavity of the stomach. A similar aggregation was found near the end of the jejunum. The rest of the intestine was empty and healthy throughout, with the exception of a large ulcer which existed in the duodenum. Dr. Yeo, by whom the specimen was shown at the meeting of the Dublin Pathological Society, considered the case interesting as showing the difficulties attending the diagnosis of the disease called *pica*, when the peculiar aberation had never been observed. The amount and position of the aggregation was also unusual. The ulcer in the duodenum seemed to support the idea that some irritation in the alimentary tract is the usual cause of the disease.—*Medical Press and Circular. Richmond and Louisville Journal.*

Intentional Fracture of the Femur to Equalize the Length of the Legs.—Professor Rizzoli, of Bologna, has treated with entire success four cases of shortened femur, by fracturing the bone of the sound limb and shortening it to the same length as the other. In one case, a girl, prior to the operation, scarcely touched the floor with the great toe of the shortened limb. The *N. Y. Med. Record*, on mentioning the case, refers to a surgeon of New York, though without naming him, who not long since exsected a portion of the femur in a sound thigh, for the purpose of shortening it to an equal length with the other femur. This was prior to the European operation.

MODIFICATION OF THE OPERATION FOR HARE-LIP.—On two successive Saturdays Sir William Fergusson has recently demonstrated to the students of King's College, London, a novel modification of the ordinary operation for hare-lip. The cases in which he carried out this plan were of the usual type, the fissure being, as in the majority of instances, on the left side; and in both it was considered advisable to take away the intermaxillary bone. This adds to the success of the operation, not only by removing an occasional obstacle to primary union, but because the teeth, which are subsequently developed from the protecting knob, are worse than useless, by reason of their deficient development and faulty position. Instead, however, of removing the portion of bone readily with the knife or bone-forceps, it had occurred to Sir William that it would be much better to operate subcutaneously, so to speak, by stripping off and retaining the mucous membrane; and accordingly this was done, with perfect success, the bone shelling out readily from its investment. Not only will this procedure greatly accelerate the subsequent process of healing, but the advantage is obvious, of retaining a thick and firm mucous surface in preference to the more artificial substitute of cicatricial tissue.—*Brit. Med. Jour.*, Nov. 1, 1873.

NEW MEANS OF DILATION IN STRICTURE OF THE URETHRA.—It simply consists in the employment of a column of liquid about twenty metres high, established by means of a funnel, and containing about a pound and a half of water (boiled at 25 deg. or 27 deg. C.), and suspended above the patient's bed. An India-rubber tube (about two metres long), and provided with a cock in the middle of its length (so as to moderate or suspend the current of water), and having at its end a small glass pipe like an ordinary syringe, which is to be introduced into the meatus urinarius, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glands, to prevent the water from running outside. The water in the funnel is then forced down by its own weight, and runs down drop by drop, dilating the stricture without pain, and through its local antiphlogistic action, rendering the urethra pervious to sounds and bougies. The patient can himself apply the apparatus three or four times a day, and when it is removed, the surgeon has only to make use of his sounds or bougies.—*Mouvement Medical.*

DRY CUPPING INSTEAD OF TAXIS IN HERNIA.—I have abandoned the taxis in hernia; a large cup is applied to the abdominal wall; an assistant is directed to stand in between the legs of the patient, and elevate the hips as high as possible, while I produce a large vacuum, by traction on the abdominal wall with my cup, and the weight of the bowel retained, together with the atmospheric pressure, cause the protruded portion to slip backward to its appropriate place very readily. I have not used the taxis for twenty-five years, as this plan is, by far, preferable.

As an alterative in amenorrhœa, dysmenorrhœa, and leucorrhœa, it cannot be surpassed. While practicing in Logan County, Kentucky, I cured a case of leucorrhœa by dry-cupping and cool water injections, in the space of three months, which had defied the prescriptions of Dr. Boas Roberts and other physicians for eleven years.—*Dr. B. H. Washington in Nashville Med. Journal.*

MEANS OF DIAGNOSTICATING LIPOMATA.—A character peculiar to lipomata resides in the property belonging to all fatty tumors of hardening under the action of cold. When, after the use of ice or the ether spray, in the case of a doubtful tumor, the growth is felt to become harder, the presumption is that the case is one of lipomata.—*Rev. Med. Phot. des Hopiteaux.—Richmond and Louis. Jour.*

TREATMENT OF DIPHTHERIA.—Dr. Lolli strongly recommends the following measures, having found them extremely efficacious in a great variety of cases: First, avoid cauterizing, except when gangrene occurs. Second, do not have recourse to bleeding, purging, or emetics, unless you are forced to do so by exceptional symptoms. Third, diet according to appetite; but at all events generous. Fourth, do not interfere with the functions of the skin; or rather promote them by rest in bed, poultices, sinapisms, etc., and persevere until, from the general and local symptoms, it may be supposed that the morbid principle has been eliminated or destroyed. Fifth, use the following mixture as a gargle, or apply with a camel's-hair pencil every second hour, or employ as an inhalation, if the disease has reached the larynx:

℞—Lime-water, f. ℥ iv. to xij.
Sol. of perchloride of iron, f. ʒ ss. to f. ℥ ij.
Carbolic acid, gr. j. to xx.
Honey of rose, f. ℥ j.

Shake bottle well. The mixure may be largely diluted with water or tea, and given internally.—*Lancet.*—*Peninsular Journal.*

TREATMENT OF ENURESIS. By Dr. Buyelmann, Cologne.—The author was induced by an article in the Berlin *Klin. Wochenshrift*, 1871, No. vi., to try the syrup ferri iodidi in a severe case of incontinentia urinæ. The patient was a young girl, thirteen years old, of nervous temperament, and anæmic. The principal complaint was the incontinence of urine, so severe as to prevent her from walking any distance from her home without wetting herself. In addition to generous diet, she took, for three weeks, syrup ferri iodidi, seven grammes ad aquæ, syrup simp., aa, fifty grammes; a teaspoonful every two hours. After a week's treatment, there was a marked improvement, and, in two weeks more, she was discharged well.—*Berlin Klin. Wochenshrift*, No. vi.—*Richmond and Louisville Journal.*

CHLORIDE OF POTASSIUM IN EPILEPSY.—Dr. Lander uses chloride of potassium instead of bromide of potassium in epilepsy. He mentions the following advantages in the employment of the substance: "It is more active, is but one-sixth of the cost, and has not the secondary effects of the bromide. He begins with small doses, but has been able to continue the use of the substance for months without any inconvenience, in daily doses of from one drachm to a drachm and a half. According to Dr. Lander, bromide of potassium is transformed into the chloride in the stomach. This is therefore an additional reason for prescribing it at once in this latter form."—*Scalpel, Belgium.*—*Peninsular Journal.*

"THE LANCET" JUBILEE.—With the number for October 4, 1873, *The Lancet* completed the fiftieth year of its existence. The energy and talent of its founder, the late Mr. Wakley, enabled it to weather the severe storms which darkened its earlier career, and have given to it a position of influence and usefulness which is rarely accorded to any periodical. Age has served to develop the strength of *The Lancet*, and render it even more worthy of the patronage and support which, as one of the leading medical journals of Great Britain, it has for many years enjoyed.

SUGAR AND MAGNESIA AN ANTIDOTE TO ARSENIC.—The *Mouvement Medical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar, mixed with magnesia, may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of the hydrated magnesia is most valuable.—*Lancet.*

AN interesting case is reported by M. Dieulafoy in which an infant, six hours old, was poisoned by a dessert-spoonful of laudanum, and from whose stomach the poison was extracted, before it had taken fatal effect, by means of the pneumatic aspirator.—*Ex.*

JOHN AUBREY, who was at Harvey's funeral and "helpt to carry him into the vault," writes: "I have heard him (Harvey) say, that after his 'books of the Circulation of the Blood' came out, he fell mightily in his practice, and 't was believed by the vulgar that he was crack-brained; and all the physicians were against his opinion and annoyed him. All his profession would allow him to be an excellent anatomist, but I never heard of any that admired his therapeutique way. I knew several practitioners in this town (London) that would not have given 3*d* for one of his bills (prescriptions); and that a man could hardly tell by one of his bills what he did aime at."—*Ex.*

DR. JOSEPH BELL, of Edinburgh, in a paper on surgical cases in relation to temperature, lays down the following axioms:

1. Suppuration, even very profuse, does not necessarily imply any great rise in temperature, so long as it is not putrid. 2. Fœtor or putrefaction of suppuration always induces a rise in temperature. 3. A high temperature, lasting for more than three or four days after the injury or operation, indicates mischief impending, such as sloughing or abscess. 4. The temperature generally gives warning a day, or even two days, before the pulse.—*Richmond and Louisville Jour.*

MISCELLANEOUS.

DR. MILTON PARKER.—At the meeting of the Chicago Medical Society, held on Monday evening, Dec. 15th, the following resolutions were passed relative to the death of Dr. Milton Parker:

WHEREAS, It has pleased Divine Providence to remove from our midst Dr. Milton Parker, after a long life of activity and usefulness,

Resolved, That in his death the medical profession has lost a competent and conscientious member, humanity an exemplar, and society an accomplished gentleman.

Resolved, That the Chicago Medical Society deeply deplores the bereavment of his family and friends, and extends to them its heartfelt sympathy.

Resolved, That a copy of these resolutions be furnished for publication to the medical journals and daily papers of the city, and that the family and friends be informed of the action of the Society.

J. D. TRITTON, a member of the class attending the Chicago Medical College, died on the 21st December, 1873. He was a member of the senior class, a good student, and a young man of much promise. He had been acting as one of the assistants in the Mercy Hospital, and enjoyed the full confidence and esteem of all his acquaintances. At a meeting of the students and members of the faculty the following resolutions were presented by a committee of the class and unanimously adopted:

Resolved, That in the death of J. D. Tritton society has lost a noble and worthy member, the profession a close student and promising active adjunct, and his friends a dear and true companion.

Resolved, That we deeply deplore the bereavement of his family, and extend to them our heartfelt sympathy.

Resolved, That a copy of these resolutions be furnished to the daily papres and THE MEDICAL EXAMINER for publication, and that his family be informed of our proceedings.

HAVE YOUR VOLUMES BOUND.—Any of our subscribers who wish can have their numbers of THE EXAMINER for 1873 bound in a handsome and durable style, in extra heavy cloth covers, for fifty cents per volume, by sending the numbers to our office, transportation both ways at expense of owner.

THE

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Original Communications.

REPORT ON DISEASES OF FEMALES.

BY HIRAM NANCE, M.D., KEWANEE, ILL. READ BEFORE THE MILITARY TRACT MEDICAL SOCIETY AT GALESBURG, ILL., JANUARY 17, 1874.

MR. PRESIDENT AND GENTLEMEN: Being appointed, with my associates, Drs. Patterson, of Galva, and Heller, of Abingdon, to report on "Obstetrics and Diseases of Women and Children," I addressed my coadjutors on the subject, hoping to be able to give you a full report on this important branch of practical medicine. I am sorry to say that Dr. Patterson pleads indisposition from the effects of cold, rheumatism, etc., and is desirous of handing over all the honor, if honor there be, to one less able to do the subject justice. From Dr. Heller I as yet hear nothing, leading me to infer that we may expect a valuable report from him today.

You will excuse me, then, in being brief and strictly practical, as I think all our papers should be, as the time of meeting allowed to our Society is so very limited.

Pelvic Cellulitis. — What is pelvic cellulitis? The name tells you: "An inflammation of the cellular tissue about the pelvis." It might also with propriety be called perimetritis, or periperitonitis; for all the tissues around and about the pelvis are liable to take on active inflammation when the cellular tissue of the pelvis is involved. I have been led to write on this subject, not from its frequency, but from its variety, and for the reason that the medical student and the practitioner alike are left almost entirely in the dark; for when they turn to the text-books and look over the index for a guide to search for the history and treatment of pelvic cellulitis, they find that the authors on diseases of females have

omitted to mention the disease at all until very recently.

Now, can it be that we are treating a disease that has only recently made its appearance? or have our old authors been treating it under other names more euphonious? I think the latter. But I feel confident that this disease, amongst the ordinary physicians who do not give special attention to diseases of females, has been grossly overlooked.

I was called to see a lady, aged about twenty-four years; married; had always been a little irregular, and suffered at each menstrual period with dysmenorrhœa. A few months before my visit she had been delivered of a large dead child. I was informed that her accouchement had been unusually hard, but no malposition. Her recovery was as rapid as usual, or more so, for she was a plump, healthy woman. On examination of the bowels I found exquisite pain in the left iliac region, extending down through the hypogastric region; in the bladder; uterus, etc. In a few days I found enlargement where the pain first commenced, leading me to diagnose inflammation of the ovaria. The tumor — for such it seemed to be — seemed too low down for ovarian; but what else could I call it, as I knew of no disease to compare it to but this? The pulse was full and rapid; pain excessive; tongue white; mouth dry and parched.

My treatment was antiphlogistic: Gave calomel, with comp. powder jalap, followed by sufficient sulphate magnesia to move the bowels once or twice every day; to ease pain, gave sufficient opiates, and had hot epithems of hops, bran-poultices, etc., continually applied. [Tinct. veratrum viride had not made its appearance in those days, or it would have found a place in this case.] Under this treatment my patient recovered so far as to be able to come to my house, a distance of ten miles. The swelling or tumor still remained very prominent; active symptoms had disappeared. I now gave her sol. of iodine and iodide of potass., in the form of Lugol's sol.; painted tinct. iodine over the swelling every day; kept the bowels moderately open, and gave wine and chalybeates to tone the system up.

Not feeling entirely satisfied with my own diagnosis, I proposed counsel, and sent for an old physician, who came to my house to see her. I described the case to the best of my ability to him, and gave my diagnosis as of some ovarian difficulty. He examined her, and when he came to give his opinion he said: "I think this tumor is in the parietes of the abdomen, in the cellular tissue; and I think it will disappear by resolution; or, it may form an abscess, and have to be opened externally." He could not say, "Your patient has pelvic cellulitis," for no such name could be found in the text-books. He advised a continuance of my treatment; and in due time I had the satisfaction of discharging my patient as well. The swelling disappeared, patient became healthy, and, in two or three years, became a mother.

As I remarked before, this case occurred in my early practice, and I had not seen another similar one until the winter of 1872–3. In the meantime I remembered my first case, and tried to post myself in pelvic diseases, and found those cases fully reported by several medical gentlemen

in the *Abstract of Medical Sciences*, edited by William Domett Stone, F.R.C.S.

This second case occured in a young lady aged about twenty-four years; primipara; child three weeks old. Found her suffering severely from pain in the left iliac region, and, on examination, a large round swelling, or tumor, presented itself. I was now prepared to diagnose, and did so with some theory and knowledge to guide me. The patient was weak, prostrate, almost ænemic, with profuse night-sweats; pulse full and wavy. I put her on sufficient black-drops to move the bowels every other day; opiates to ease the severe pain; and quinine and tinct. iron as tonics. Under this treatment, in about three weeks the swelling had disappeared, by resolution, and my patient entirely recovered.

My third case was a young unmarried lady, aged about twenty-two years. I was called to see her on the 30th of August, 1873. She had been subject to menstrual irregularities, connected with dysmenorrhœa, for several years, and recently had suffered very much at every menstrual period. I found her very prostrate; countenance looking haggard and sunken; with occasional abdominal colic pains; tongue coated with heavy white fur, and very dry; urine scanty and high-colored, connected with strangury. On inspecting the bowels I found a very perceptible swelling, or tumor, in the pelvic region, laying a little to the right of the median line. Now, the diagnosis must be made, and the question immediately arose in my mind, "Was this a case of acute cystitis, connected with partial retention of urine and enlargement of the bladder? or, was the difficulty connected with the uterus and its appendages?" It is not a very easy matter to diagnose such cases satisfactorily; but I contented myself by giving full doses of morphine every four hours, alternating with f. e. buchu and sweet spirits nitre.

On my next visit I found my patient somewhat relieved; but reaction had come on with such rapidity that the face was red, pulse 120, and mind wandering. The pain was so excruciating that I continued the opiate, alternating it with gtts. iv. f. e. veratrum viride, each every three hours; had epithems of hops applied over the pelvic region, extending nearly all over the bowels; and emptied the bowels by frequent doses of sulphate magesia and large enema.

On my third visit I found my patient but little better; still suffering severely, and almost entire suppression of urine. I considered it necessary to introduce a catheter, and did so. Passed only about an ounce of high-colored urine. This satisfied me there was no retention, and consequently the enlargement did not depend upon this. I now pretty safely could diagnose pelvic cellulitis; and the sequel proved that I was correct.

The treatment that I have given, with very little variation, was continued for twelve days, at which time the pulse became slow; pain partly ceased; countenance became pale; tongue moist, bowels moved more easily; and every symptom indicated a favorable change. I had told her mother the nature of the disease; that it would probably result in abscess, and discharge either in the vagina peritoneal cavity, or form adhesion

with the rectum and discharge per rectum.

On visiting my patient after this favorable change, I found the abscess had discharged large quantities of pus through the rectum, to her great relief; and my anxiety was allayed, for I felt that recovery was certain. Convalescence was soon established, and by the aid of wine, quinine, and iron, my patient soon recovered.

Thus you see that pelvic cellulitis is not entirely confined to married ladies. But where the disease does occur, I think you will always find either a puerperal condition or some menstrual irregularity.

Dr. Brown, of New York, says: "The causes of this disease are chiefly parturition, or abortion, endometritis, ovarian operations, or injuries, exposure to cold, and the escape of fluid into the peritoneum."

Another disease, closely allied to the one under consideration, is *metalithmenia*. By this term I mean an escape of blood, or menstrual secretion, usually occuring at the menstrual period, into the peritoneal cavity. It is also called retrouterine hæmaturia, periuterine hæmaturia, and uterine hæmatocele. The blood or secretion thus escaping may find its way through the cellular tissue around the peritoneum, between the vagina and rectum, between the peritoneum and broad ligaments, and various other connecting tissues, forming a hæmatocele, or abscess, filled with blood, or blood and pus. This differs but little from cellulitis, and but little violence would be done to our nomenclature should we classify them together. But where this effusion of blood occurs, it is more likely to terminate in resolution, and more likely to occur in the same person repeatedly. Young ladies suffering from dysmenorrhœa are the patients most liable to its attacks. It evidently depends upon some obstruction to the natural outlet of the sanguineous flow, or an arterial twig has become ruptured within the tissues of the pelvis. Recovery is generally more rapid in this than pelvic cellulitis, and the treatment would vary so little that it is unnecessary to give merely a repetition of what has been said. I will only add that in these diseases the vagina should be kept thoroughly cleansed by very frequent large luke-warm water injections, given through the rubber-valve syringe. It not only cleanses the passage, but it affords much relief by its refrigerating and sedative effects.

Dismissing, for the present, cellulitis, I wish to call your attention to a disease of very frequent occurrence, regarding which but little has been written. I allude to *false conception*. Every woman seems to know that there is such a thing as false conception; and I am frequently interrogated by them, saying, "Doctor, what is 'false conception?'" My reply is, that "It is an effort on the part of an unhealthy ovaria, uterus, or some of the appendages of the generative organs, to form a child, but that the organs are not all in a sufficiently physiological condition to accomplish this desirable end." I ask them if they ever saw a blighted wheat-head, or a fungus in the maize or corn-stalk? and tell them, "Here, in the vegetable kingdom, a blight is produced, and why, in the animal, may not a similar occurrence take place?"

I feel afraid that, where this false conception takes place, the woman is

not healthy. I am confident that the genital organs are not; but whether this blight depends entirely upon the woman, or the male semen is partly to blame for it, I will not say; though I believe, in nineteen cases in twenty, the female is at fault.

First symptoms of false conception are not unlike an ordinary conception: menses cease; sometimes morning-sickness, and other symptoms which you are all familiar with. After these have continued for two or three months, the woman does not feel well, and occasionally she will have a dark, coffee-like discharge, or the discharge may be tinged with blood. The patient is usually irritable, weak, and sleeps but little; disturbed by frequent dreams; appetite poor. In this condition we are usually consulted, and, if all the symptoms I have described be present, I usually tell her that I fear she is suffering from false conception, though I guard my diagnosis, and prognosis, by saying that I cannot tell positively until the period of quickening; and, usually, before this time arrives I am sent for in a great hurry, on account of profuse flowing.

On arriving, I usually find her pale, faint, and everything deluged with blood, as we do in ordinary cases of abortion. Pain has usually pretty much ceased; and on vaginal examination I expect to find the false conception clogging up the os uteri, though not enough to prevent continued flowing. Nine times in ten this will be the condition of things. I immediately have the patient placed on her left side, near the edge of the bed, introduce my two fingers, and, if possible, remove the substance. Sometimes I find it very difficult to remove it in this way, and if I can conveniently send for placenta-forceps, do so, and remove it in the same way we would a retained placenta after abortion. If I succeed in getting all the fibrous mass away, I feel quite satisfied that, by good attention and eight or ten days' confinement to bed, my patient will get about well. But if, on examination of the mass, I have reason to believe that some part has been left, I have anxiety, for hæmorrhage may make its appearance eight or ten days later; or, remaining there, it may result in irritative fever, or pyæmia. Removing the mass, I give my patient decoction or f. e. ergot, to secure firm contraction; and in two or three hours, if patient cannot rest, administer an opiate, with strict injunctions to keep in bed at least a week.

In September last I was called to a patient in this condition. When I arrived I found the nurse had raised the head of the patient upon a large pillow. She was as pallid as death; pulse hardly perceptible. I immediately drew the pillow away, and let the head down low; examined, and found everything saturated with blood, and the false conception lodged in the mouth of the womb. On its removal, and the administration of ergot, not an unfavorable symptom succeeded. In a few days I gave wine, iron, etc., and she speedily recovered. On seeing the woman in this condition I was thoroughly aroused to the responsibility of my position, for death seemed to stare me in the face, from the terrible loss of blood; but, by the prompt action, life seemed to be saved.

Another case I will briefly allude to. I was called to see Mrs. T., on

the night of November 9th, ult. She had been under my treatment, from July last until within three or four months of this time, for ulceration of the os uteri, connected with endo cervicitis. Her age was about forty years. She had not had a child for thirteen years. The treatment had pretty much restored her health, so much so that I had not seen her to give her any medical attention for the three or four months.

It seems that under the treatment the genital organs had become sufficiently healthy to make an attempt to conceive, and she had believed that she was pregnant, and that now abortion was taking place. As she was suffering from intermittent pains, flowing slightly, and on examination the os uteri was found soft, and a little patulous, I quickly agreed with her, and gave her my opinion that either abortion or false conception would probably be the result. I remained a couple of hours, and as no perceptible change was made in her case, I gave her a good-sized dose of morphine, and left five or six doses more, and advised the nurse to give one every three or four hours, if the pains continued irregularly; but if the pains became quite regular, and much flowing came on, to notify me immediately.

The next night, about the same time, a messenger came in haste. When I arrived found her in great pain, and much frightened from the loss of blood; examined, and found the substance in the mouth of the womb. With some difficulty I removed it, washed it, and inspected it carefully. I did not feel entirely satisfied that it was all away, and again examined her; but, finding nothing in the passage, and the pain and hæmorrhage pretty much ceasing, I left some powders of morphine, with strict injunctions for her to keep her bed for ten or twelve days. I heard nothing from her until the 28th, being eighteen days from the time of the removal of the false conception. I was then summoned again to see her; found her suffering severely with pain in the pubic region, extending to the hypogastric; very little hæmorrhage; mouth of uterus soft and patulous; nothing presenting; pulse nearly natural; surface cool; countenance anxious. On inquiry, found she had been up, and in a wash-room filled with steam, and also had went up stairs in a room where there was no fire. Gave her full opiates, with hop poultices applied over the bowels; jugs of hot water to the feet; temperature of room to be regulated by thermometer, and kept at about seventy or seventy-two degrees. Best California port wine was also administered *ad libitum*. This treatment was continued for three or four days, with very little variation; the bowels still continued tender; no swelling; countenance still anxious; and I could tell, by the expression, that she had pains occasionally. I inquired, every visit, in regard to hæmorrhage; but she persisted there was none to amount to anything; still there was a slight oozing, and it, connected with the soreness, and occasionally a little pain, led me to fear that hæmorrhage might make its appearance at any time, as there was reason to fear a little particle of the membranes of the false conception might have been left. My suspicions proved correct, for I was summoned hurriedly to see her. She was flowing profusely; coun-

tenance pale and waxy; pulse slow and weak. Examined and found the vagina full of coagulated blood, and the os completely occluded with the same. On its removal, could not detect anything presenting, but the os was soft and patulous. I still supposed something had been left; but how could I remove it? There was no direct way; and I had to content myself with the administration of ergot and other hæmostatics; gave full doses of f. e. ergot; wine continued; cold vaginal injections; patient to be kept perfectly quiet. Visited her next day; no better; flowing still alarming. Stopped the ergot, and gave acetate of lead every two hours; removed the coagulæ, and with a syringe injected in the womb m. t. iron, one to six parts of water; saturated cloths with same, and used them as a tampon. Third day, no better; removed tampon and again used the iron injection; also gave her cold ice-water injections per anum. On my fourth visit, found the hæmorrhage had ceased, and what discharge there was, was of a dark, offensive character, indicating decomposition of some membranous substance.

Now, I want to call your particular attention, in all cases of false conception, abortion, etc., to be very particular in regard to anything being left in the womb. But let me say that, sometimes, with all our care and knowledge, it cannot be avoided; and then such cases as this I have described are liable to arise; and if our patient escapes with her life we may consider ourselves fortunate. Probably fifty per cent. of such cases will die from hæmorrhage, or its sequels. If death does not directly take place, she becomes irritable, bowels costive, no appetite, loss of sleep, etc., all of which may ultimately result seriously. Where the loss of blood has been great, it seems almost impossible, with all our skill in dietetics, including beef, milk, eggs, rice, and the chalybeates, as medicine, to restore the blood-making process, and save our patient.

In regard to arresting uterine hæmorrhage, much has recently been said about the propriety or impropriety of injecting m. t. of iron, in strength varying from one to ten of water to full strength, in the womb. This is my first experience, and I saw no effect from it. But, was this a test case? I think not; for if a particle of membrane is left, I believe the hæmorrhage will continue until it is away; for the membrane must be attached to the uterine walls, and the arterial twigs will continue bleeding until they can contract; and this contraction cannot take place while the membrane is adhering to them. The only thing that I could really say arrested the hæmorrhage in this case was the ice-water injected per anum; and I would especially urge this treatment upon the Society in similar cases.

The last case reported is still under my care. From the great loss of blood, the patient has been so reduced that she is perfectly ænemic, and is suffering from nausea and occasional vomiting, obstinate constipation, loss of appetite, and occasional abdominal pains. I meet these symptoms as they arise, and am very careful not to administer any harsh or irritating medicine. The treatment principally consists in sub nit. bismuth, grs. v., with calomel, grs. i., every four hours; lime-water and

brandy given *ad libitum;* move the bowels by injections, and, to ease the abdominal pain, give opiate and starch injections. As soon as the stomach will bear it, give Nichols' preparation of cinchonia et ferri. Not that I especially prefer this to any other ferruginous preparation, but in cases where the stomach is very irritable, I believe it is the best tonic we can give.

22d December.—Patient still growing better; appetite improving; tongue cleaning; countenance pleasant, but pale; can raise up on her elbow in bed, which seems to give her much pleasure, as she has been so very weak; is tired of wine and brandy, so I give Nichols' cinchonia et ferri, sub nit. bismuth, and hard cider; urge her, if the stomach is not sick, to use acids freely, and any article of diet she fancies. I have ceased giving her regular attention, as her improvement is such that I do not think she requires it.

I would next call the attention of the Association, briefly, to the subject of *rigid os uteri in labor.* The State Medical Association met in Rock Island in 1872, and, while in session, this subject was brought up; and I now refer to it in order to denounce the advice there given by some of our most worthy and venerable associates. It was claimed by them that in such cases where the os remained rigid a reasonable length of time, that the physician was justifiable in making cross, or crucial, incisions, nearly through the tissues. Now, in my mind, no more dangerous practice could be advocated; for if you once make the slit, the continued pains will enlarge it, and the rupture will grow larger and larger, until the os is torn clear into the peritoneum. I especially refer you to Ramsbotham's process of parturition for cases where the os has been ruptured by pains alone, without any meddlesome midwifery by the knife. He describes several cases, and in nearly every case death was the result. Now, if death is usually the result of rupture of the os uteri from natural causes, how can we expect to avert it by artificially producing the same thing—and this is what we do—if we divide it during labor? Let me say to you, and especially the younger gentlemen of our Society, that when you have a case of rigid os uteri, notwithstanding the case may be tedious, pains severe, pulse rapid, face flushed, and other unpleasant symptoms, stick to your patient, and give her your undivided attention, connected with such relaxants as will ultimately result favorable; *but do not cut.*

I was extremely sorry to see such doctrines advanced by such worthy men as we find in our State Medical Society; but I was equally happy when, looking over the State transactions for that year, that the Publication Committee had omitted the publication of anything relating to such practice.

In cases of this kind, if we are patient, time will usually accomplish all we desire; but we can do much in hastening the labor by relaxing medicines. Ramsbotham recommends the free use of the lancet; and this practice was general until within a few years. I have used it, I think, very advantageously myself; but since the introduction of veratrum viride and chloroform, I should hesitate to use it until I had used one or both of these remedies. No sensible physician would bleed an

ænemic or scrofulous patient; nor would I bleed a plethoric one until I had tried the effects of veratrum viride, unless there were symptoms of congestion of the brain, or other symptoms of convulsions. In such cases, *bleed*, and bleed freely; and at the same time administer chloroform. Locally soothe the vagina and os uteri with lard, mucilaginous injections, sitting over steam bath, etc. And I am confident that much good is often done, and the labor hastened, by introducing one or two fingers in the os and gradually dilating it. I have found this practice often to be useful when the child's head would be almost resting on the perineum, and the os away up forward or backward. By drawing it gently down, and at same time using the dilating process, much good, I am confident, is the result.

In our recent text-books on the medical and surgical treatment of women, and in nearly every medical journal, you find much is said in regard to ulceration of the os uteri, endo cervicitis, and uterine leucorrhœa. I am glad to be able to briefly bring this subject before you. I think these diseases have not been well understood by the profession until within a few years. The introduction of the duck-bill and quadrivalve speculum has revolutionized the treatment of vaginal and uterine diseases; and the physician who pays especial attention to his female patients suffering from diseases requiring the use of the speculum, will not only satisfy himself that he is curing his patients, but will, in time, receive the thanks and congratulations of his female patrons. Before the introduction of the speculum, it was no uncommon thing to find, in every neighborhood, women confined to bed, partly or all the time, with what they and their physician, too, called "falling of the womb." Now I do not want it understood that I say there is no such disease as prolapsus uteri, but I do say it is a disease of rare occurrence; and those women who have suffered from month to month, and from year to year, with supposed prolapsus uteri, have, in most instances, been suffering from ulceration, or endo-cervicitis; and that, had their medical attendant been sufficiently informed in regard to diseases of females, he could have in most instances cured his patient.

By the use of the improved speculum, and a familiarity with the appearance of the os uteri, the neck of the womb, its peculiar secretions, etc., in the physiological and pathological condition, the physician can readily diagnose his case, and with great certainty found a rational treatment. But I would say that no physician can treat his case successfully without a thorough knowledge of the anatomy of the uterus and its appendages, and their appearance in health and disease. He must know on inspection the character and look of the secretions, whether the amount is largely in excess or not; must know, by the look of the ulcer on the womb, what remedy is most likely to succeed by local application.

I refer to this point especially to draw your attention to a case which recently came under my care, where it was thought advisable to have counsel. The doctor was called (an old practitioner of more than twenty-five years' practice). The case was one of abortion, and this was evidently produced by the diseased condition of the womb, as she had aborted

two or three times previously. The patient had been sick two or three weeks with nausea, vomiting, bearing-down pains, etc.; also mucous and pus-like discharges. On vaginal inspection, the womb was found to be partially prolapsed, and the os exquisitively tender to the touch. I made a speculum examination, and found the os terribly ulcerated, and this ulceration extending down the vagina, and as red as a piece of red plush velvet. She was about three months in pregnancy, and nothing but abortion, it seemed, would save her life. Not feeling willing, on my own part, to produce it, was my reason to consent to counsel. I gave my venerable counsel a full history of the case, then introduced the speculum and showed him the condition of the os, vagina, etc. We then introduced Simpson's uterine sound, but no resistance was made, and so I felt convinced that the membranes were ruptured; and, on inquiry of the nurse, found a watery discharge had taken place during the night.

The woman aborted in less than twenty-four hours after our council, and in due time I treated her for ulceration, and in four months she was quite well.

Time will not permit further extension of this report; and I will say, in conclusion, that various remedies are used for local treatment, in these diseases, amongst them nit. silver, tinct. iodine, sul. copper, m. t. iron, caustic potash, acid nitrate of mercury, and fuming nitric acid. While in St. Louis, during the session of the American Medical Association, I attended Dr. Papin's clinique at the Woman's Hospital, and he was using as a local application, to most of his cases, Kennedy's *pinus canadensis*, a dark, tar-like extract, of the consistence of molasses. He claims for it much virtue; and certainly gave it the preference over all other remedies. I have no experience with it, never having used it; but from the doctor's recommendation, would especially call your attention to it. I have had better success, in such cases, with the acid nit. mercury than anything else tried, and have been astonished at its curative effects after applying it to an ulcer, or introducing it in the cervix, up to the fundus of the womb, on a pledget of cotton, on the sound. One writer recommends a piece of cotton saturated with it, and a string attached to it, and introduced into the uterus, and allowed to remain twelve or twenty-four hours. In bad cases of uterine leucorrhœa, I would not hesitate to adopt this practice. I have no fears in regard to its prudent use, nor have I of fuming nitric acid. Such heroic remedies, connected with a well-guarded constitutional treatment, will usually reward us with a cure.

THE VARIOLA-VARICELLA QUESTION.—Kaposi (*Archiv fur Dermat. und Syph.*, V. Jahr. Zweites Heft), in a long and important article, in which this much-vexed question is considered, with particular reference to the many points which have been put forward by those who maintain the duality or individuality of the two affections, draws, from all the premises, the conclusion that varicella, as a contagious affection, is identical with variola. In the same number will be found a report in full of a discussion of this question, which occupied several sessions of the Vienna Medical Society.—*Boston Med. and Surg. Jour.*

COLORADO AS A HEALTH RESORT.

By Charles Denison, M.D.

TO THE EDITORS OF THE MEDICAL EXAMINER: The following are some of my first *impressions* of this climate, which you wished me to send you. Notwithstanding the usual belief—which is like the old adage, "A change of pastures makes fat calves," —that a change of climate and surroundings of most any kind is usually beneficial to the health of chronic invalids, nevertheless, a residence in this bracing climate has a peculiarly revivifying influence on most all phthisical patients who come here quite early in the progress of their disease. Dyspepsia, too, and most all ailments due to mal-nutrition, are usually banished, or very much relieved, by a sojourn here. But the salutary influence of this rarified atmosphere is best shown in the relief of asthma. It is said that few asthmatics have come here without permanent or marked benefit, the chief exceptions being those who have organic disease of the heart, or marked emphysema. Not long since, the asthmatics held a convention in Denver. The object was to gather their evidence, that those similarly afflicted throughout the States might be benefited thereby. It was a commendable undertaking, and quite successful. Over a hundred cases were tabulated of those who had found entire or decided relief in Colorado. Many had suffered for a long time, and some intensely, unable even to lie down for months at a time. The report of the proceedings of this convention is to be printed, and probably will be cheerfully sent to any interested, by Mr. F. J. B. Crane, Denver, Colorado. Mr. Crane is an estimable gentleman, who had been a sufferer from asthma many years, and has taken a prominent part in this movement.

The influences which seem to combine, in Colorado, to benefit sufferers from thoracic diseases, are various. Probably more important than is usually recognized, is *altitude*, which, it would seem, is chiefly mechanical in its effect, for consequent upon it there is lessened atmospheric pressure, and it is positively necessary for lungs to have a proportionately greater expansion, in order to get the needed amount of oxygen, than on the coast, five thousand three hundred feet below Denver.

The circulation, of course, acts in harmony with this increased respiratory power, which results in increased combustion. Waste and repair are both more rapid and complete; adipose is called into requisition; and animal economy becomes dominant. The average rancheman of Colorado gives one an idea of the effect of outdoor life in elevated regions. He is a *lean* fellow, with well-browned complexion, good hard muscles, and great endurance. The idea of such a man having tuberculosis would seem almost preposterous. His blood is habitually well oxygenized; and even if he had tubercular matter in him to deposit, the room could hardly be

spared for it in his lungs. He may get pneumonia, perhaps, resulting in gangrene or pneumonic phthisis; but it seems the origination of miliary tubercle rarely occurs above the altitude of five thousand feet. The increased amount of electricity, too, due to altitude, very likely has a salutary influence in strengthening enfeebled nervous systems.

The small amount of rain-fall (about twelve inches a year), the great amount of sunshine, and the porosity of the soil, favor a dryness of the atmosphere directly opposite to what Dr. Bowditch, of Boston, has proved, by tabulated opinions of physicians, to be a chief cause of phthisis —"soil moisture."

At the foot of the eastern slope of the Rocky Mountains, extending north and south, is a belt of land, say thirty miles wide, in the middle of which, toward the north, is Denver. This, including the valleys and parks among the mountains, will probably be the tillable portion of Colorado, because, as irrigation is necessary for the cultivation of most products, on account of the aridity of the soil, this land may "be brought *under ditch*" from the streams coming down from among the snow-capped mountains. The range is about a hundred miles wide in Central Colorado; and it is among these lofty mountains that the clouds are drained of thirty to forty inches of rain, or melted snow, in a year. Most of the latter remains to be melted by the summer's sun, at just the season when water is of the most use to the farmer for irrigation.

The soil is a deep, sandy loam, made up of the washings—the debris of centuries—from this vast mountain region, and seems to contain the chemicals, especially alkalies, for producing cereals of remarkable richness.

The wheat of Colorado is acknowledged to be unsurpassed by any in America. The beef of this country, from cattle who pick their own living all the year round from the short prairie-grass covering these broad, arid plains, is much better, and the milk much richer, than one would at first suppose. In addition to the above, venison, antelope, other spoils of the hunter, and a good market, afford variety in edibles.

The temperature of this part of Colorado in winter, averages about the same as that in New England, southern, central, and northern Ohio, Indiana and Illinois; but it does not *seem* so cold, because of the dryness of the air, the little amount of snow, and the usually sunny days, the nights, when people are indoors, being generally cold. The diurnal variations in temperature are considerable, and quite regular, the difference between that at 2 P.M. and that at 7 A.M. or 9 P.M. averaging fifteen to twenty degrees.

The following is the weather report for the year 1873, as furnished by Lieutenant Henry Fenton, United States Signal Officer, stationed at Denver:

	Temperature.			Rain and Melted Snow.
Months.	Highest	Lowest	Mean.	
January	62	—17	30	.13
February	60	3	30	.24
March	75	11	40	.22
April	81	10	40	2.43
May	84	27	63	.75
June	99	48	71	2.24
July	99	42	71	2.00
August	96	50	71	1.41
September	90	28	60	.89
October	86	1	45	.73
November	71	—1	41	.16
December	59	—5	22	.53
Mean for the year	99	—17	48	11.73

During the past two months there have been five quite disagreeable, stormy days, nearly all the rest of the days being sunny and genial. The wind has not blown much of the time, yet occasionally it gets up quite a commotion, constituting what are called "wind-storms," perhaps more properly, *dust-storms*. There have been two of these during the past two months, of from two to four hours' duration. One of these occurred in the night, much to the discomfort of some strangers, who had a room in the third story of a hotel. The gentleman and his wife came down at 3 A.M., preferring not to "run the risk of having the walls blown in upon them."

The diseases prevalent in, and probably incident to, great altitudes, in winter, seem to be catarrh, which annoys many new comers, rheumatism, and bronchitis.

The change of residence from lowlands to this airy region is of such a nature that an accurate knowledge of the character and varying influences of this climate is of special importance to those suffering with disease of the respiratory or circulatory organs. This will be evident to any one who will impartially study the results of residence here of various classes of invalids, especially *consumptives;* and thus it appears that a more careful discrimination should be made than has hitherto obtained as to who should, and who should not, resort to this climate and altitude.

From what I have written above as to the *mechanical* effect of altitude, it would appear, on reflection, that this element might prove injurious as well as, and if not, beneficial; that to some, who hardly had lung surface enough to get a fair amount of oxygen below, the rarified atmosphere of even the lower portions of Colorado might not be the most appropriate. If the evidence of *probable* deaths from *altitude* were needed to substantiate this statement, it could be given. Among others, the case of John C. Heenan, the pugilist, would seem to be interesting in this connection. Once he received a blow on the left side of the upper part of his chest, from the effects of which he never wholly recovered. In Colorado, he had an attack of hæmorrhage. After a while, apparently in pretty good condition, he started for Southern California. He is said to have died of hæmorrhage, in the cars, at one of the highest points on the Union Pacific railroad.

Those who have never visited our mountain region (ranging as it does from six to fourteen thousand feet above the sea), in advising their patients *to go up into the mountains in Colorado, and have a good time*, would seem to act unadvisedly, in view of the hæmorrhages and other drawbacks such a course is said to have entailed.

Generally speaking, patients, on coming here, do well to take life easy for awhile, till they get somewhat acclimated: not to allow the buoyancy and exhilaration of this light air to deceive them into too great confidence in their powers of endurance, till the circulation and respiration get used to the change.

As to this immediate vicinity (our personal experience has not yet extended farther in Colorado), when we think of the multitude who are insiduously gliding into confirmed phthisis in low, damp homes in the

States, who could have almost certainly been restored to health; and of the many who come too late to be benefited *here*, to be hastened to their graves, or sent back East, disappointed, the words of Burns seem appropriate:

> "It 's hardly in a body's power
> To keep, at times, frae bein' sour,
> To see how things are shared."

And yet it is very difficult to give a rule which should decide, in all cases, who should come as high as this, and the method of their coming. But were I to decide, in a general way, who should *not* come directly here, feeling that they could much better go elsewhere, at least in winter, I should name the following classes of cases: Phthisis pulmonalis, complicated with organic disease of the heart; phthisical patients, one-fourth or more of whose lungs are seriously diseased, or rendered useless, especially if they contain any cavities; if in patients of decidedly hæmorrhagic diathesis, or those whose pulse is uniformly very rapid; or, if in women, or patients of delicate constitutions, whose lungs are quite liable to take on frequently recurring attacks of inflammation.

As March and April are said to be "winter-months" here, as well as in many places East, perhaps the time specified above ought to be extended toward May. Even in summer, considering the imperative demand, with each decided elevation, for increased expansion of the lungs, or breathing capacity, it would seem that a *sudden* change from below a thousand to over five thousand feet above the sea would generally be an extreme measure for such as I have specified; and this, too, notwithstanding it is said there are those living hereabouts who once had cavities in their lungs, and in whom the disease seems now to be arrested.

Some of the most remarkable instances of the arrest of phthisis have been in those who came up by degrees, in wagons, through Kansas; and it may be that the ratio of deaths, to all deaths from this disease in Colorado, would be very much lessened, if all patients in coming to the lower Rocky Mountain regions resorted to the old-fashioned means of travel by *ox-team* across the Plains.

From personal experience, the effect of the sudden rise coming through Kansas seemed quite decided to one who had had, nearly a year before, pulmonary hæmorrhage, followed by chronic pneumonia, and probably partial closure of some peripheral portions of lung. This was evinced, *at first*, by quite marked increase in the force and rapidity of the heart's action, and increased respiratory activity, with a most disagreeable desire for *more air*. This acceleration of breathing and circulation is followed, shortly after arriving here, by a congested feeling in the chest, with an increased tendency to hæmorrhage for awhile, which, however, passes off with the hurried breathing; and improvement in both weight and muscle continues for several weeks.

As we came up on the Kansas Pacific Railway, over four thousand feet in twenty-four hours, an idea suggested itself that *expiration* decreased proportionately to the increase in altitude, while inspiration remained about the same. This—to me, at least, a discovery, which, in some unexplainable way, as affecting *prolonged* expiration, might, perhaps,

have something to do with the arrest of phthisis—led to an invention. It was an instrument to measure the expiratory and inspiratory movements of the chest, as the sphygmograph measures the pulse. The stable portions of the apparatus were to rest on the hips and shoulders, and respiration was to be measured by levers, one end of each lever resting on the chest, and the other on paper moved by clock-work.

It seems that such an instrument might be of much value in the diagnosis, and, perhaps, in the prognosis of phthisis. However, I fear my idea came a little late, for the *Medical and Surgical Reporter* of December 6th gave a description of a similar instrument, called the stethograph, lately "devised by Dr. F. Riegel."

Much might be written about other conditions besides altitude, which are of special importance to the medical profession, and invalids recommended to this country, such as temperature, various localities, occupation, social surroundings, home-comforts, etc.; but this, the limits of the present article will hardly allow.

It was intended only to touch upon the salient points; and the writer will be well pleased, if, in this paper, he has even poorly shown some of the peculiar advantages to health-seekers which obtain in Colorado, or if, in any way, he has aided physicians in appreciating the importance of a more comprehensive and thorough study than has yet been carried out, of all our various climatic influences in the United States and Territories.

Denver, Colorado, Dec. 31, 1873.

RATIONALISM IN MEDICINE.

AN ESSAY READ BEFORE THE MILITARY TRACT MEDICAL ASSOCIATION, BY J. F. TODD, M.D., OF KEWANEE, ILL.

THE signification of the term rationalism, must of necessity, correspond to the mental development of the human race. A medical theory which was accepted in good faith in the last century, and celebrated by the good Queen Anne by the imposition of royal hands upon the celebrated Dr. Johnson, is received with derision and ridicule in this century. The belief in the royal touch and the royal prerogative have passed away. The tendency of modern thought and investigation is toward a rigid analysis of supposed facts, musty traditions, irrational theories, and false dogmas, tried in this crucible, and regarded with as little concern by these chiefs of rationalism as though they had never played an important part in any of the concerns of life. There has ever been, and probably there will ever be, earnest disputes between rival schools in the arts and sciences, each claiming to represent the most rational ideas, and to dispense the greatest practical benefits.

The term rationalism may be appropriated by any sect, to conceal

the extravagances of any dogma. In ancient times, all of the mysteries of nature were attributed to the agency of supernatural causes; and disease in its varied forms was supposed to result from the rage of some offended god. The rules of practice were as irrational as the theories which gave them birth; and yet, both theory and practice were received in good faith; the first as rational theory, the latter as practical art. The early history of medicine exposes a tedious series of mistakes and absurdities, resulting from vain attempts to base science upon theories. And when we reflect that the origin of earthquakes was attributed to demoniacal rage, and every natural phenomenon to the exercise of supernatural powers, we confessedly claim the science of medicine represented the rationalism of the age in which it existed. Profoundly ignorant of the anatomy and physiology of the human body, they occupied their time with speculations as to the mode of generation, and the habitation of the soul.

It is not within the scope of this paper to give even a resume of the various sects of medical philosophers who pretended to teach correct views of pathology. It is sufficient for the purpose to remind you that all that we can learn of ancient medical theory gives us but an imperfect idea of confused and absurd dogmas. The earliest emergence from this motley assemblage of facts and false hypotheses, results from the teachings of Hippocrates; and from his time we date the beginning of the development of rational medical practices. Too wise to accept the prevalent dogmas, and too sincere to accept canonization after the fashion of his predecessors, he sought a guide for study and a rule of practice which we can safely and loyally adopt in this 19th century, and the correction of all deviations from the natural condition of the human body by methods of treatment founded upon attentive observation. He advised as to the investigation of diseased action, the medical treatment, and the regimen, in a manner which justly entitles him to the respect of every votary of medical science.

It is true, that his rules of practice betray the general ignorance which then prevailed of physiological laws; but his aphorisms denote a happy perception of an important fact, one which future ages will always appreciate. In order to correct unnatural conditions, we must understand the natural condition; and we must remember the existence of the grand conservative principle of life. Hippocrates ranks among the first and best of the early disciples of medicine to accord to natural laws their pre-eminent value in the correction of unnatural conditions, and the first to insist upon the careful study of nature. In order to fully appreciate the value of his services, we must remember that anatomy, chemistry, and physiology, were then almost unknown, and that his rules of practice were mainly deduced from intelligent empiricism, and applied with a worthy zeal for the benefit of his fellow-men. It must be admitted that frequent and wide departures from the course of study advised by him were soon observed; and medical teachers, anxious to attract attention, relapsed into the old methods of speculation; but so profound had been the impression produced by the doc-

trines of Hippocrates, that the only safe and direct road to success was at last found in the admission of his title to leadership. The history of medicine (the history of civilization) from that time until the present, has chronicled the same successes and reverses, triumphs and defeats. Under priestcraft and kingcraft, and the mental serfdom and physical servitude of the middle ages, scientific progress was delayed. The superstitious horror of dissecting the human body, and the monopoly of medical practice by an arrogant priesthood, effectually barred the paths of knowledge. Under the influence of the general awakening to a spirit of inquiry, under the teachings of Luther, the study and practice of medicine received a new and healthy impulse. Previous to that time, the approving and licensing practitioners had been committed to the bishops, and medical practice was accordingly engrossed by ignorant monks. At this juncture, the discoveries in anatomy were so remarkable as to distinguish the rational method of observation, and to rebuke the presumptuous pretensions of ignorant empiricism. Vesalius exposed the errors of the Galenian system with as complete success as did Luther the fallacies of the Romish Church. At this time, Linacre founded the College of Physicians and Surgeons, in London; and Fabricius made startling discoveries in anatomy, and instructed the immortal Harvey in the truths of medical science. I can pay no fitting tribute to Harvey's great discovery; it needs none; its praise is recorded in nearly every page of printed matter uttered from the press, and its benefits are enjoyed by the entire human race. Next in importance, comes the discovery of vaccination, which has robbed a fearful scourge of its greatest terrors, and preserved the lives of thousands of our fellow-creatures. With this brief retrospect of the history of medicine, we are bound to assume that medical science is not only rational but progressive, and that it challenges our admiration and loyal support; that medical art is necessary and beneficent, and deserves at our hands a complete vindication of its claims to general respect and confidence. The most *intelligent* of the reading public have ignored its claims. They ask us for cures for real or imaginary maladies; and we dispense drugs of real potency, and whether for good or evil, depends upon our sagacity, or upon some hidden influences which no ordinary human skill can detect. Whatever of success we have achieved, must be accepted as a measure of the intelligence and zeal of the disciples of our art; and while we understand, far better than the public, the uncertainties attending our efforts, and the discouragements incidental to the great responsibilities we are bound to assume, we also better appreciate the triumphs of rational medicine. The history of medical science reflects the prevailing philosophies of every age; and its improvement has kept even pace with the mental development of the people. History is its sufficient vindication.

We found our claim to the term rationalism, not only upon the valuable results already achieved, but also upon the experience of our daily practice. We treat disease as a preternatural physiological process; and while we are forced to admit that

medical science is the science of probabilities, we are assured by our own observation, and the testimony of our patients, that our efforts in their behalf are often completely successful. *With the assistance of nature, we cure disease.* Consistent faith is necessary to successful effort, or profitable study. Nothing has tended more to degrade our calling than the disparagement of medicine by disappointed physicians, who hastily reject rich grains of truth in ridding themselves of the light husks of falsehood. It is due to our profession to labor for its improvement, and to increase its usefulness. The rational practitioner must be a student of nature, as well as a studious reader. He must possess the quality of intellect which will lift him above the plane of partisanship, and the scholarship necessary to enable him to apply scientific facts, and understand natural phenomena. He must identify himself with the various movements of the age having for their object the improvement of the race, that his mission will be so well performed that his influence will live after he is gone.

Editorial Department.

THE MEDICAL PROFESSION AND SOCIETIES OF CHICAGO.

THE Koran says that "The works of the incredulous are like the mirage of the plain: the thirsty man takes it for water until he draws nigh to it, and then he discovers that it is nothing."

The elevation of the standard of the medical profession should be the aim and object of every practitioner of respectability in the city; and there are probably few of them who, if questioned, would not admit that such was their purpose. Yet we believe that their incredulity as to the manner in which it is to be accomplished, is the cause of the insignificant results obtained.

Much has been said and written on the subject of improvement in medical education. Much, also, has been accomplished. But the character and standing of men of science is not solely determined by even the most elaborate course of preparation in collegiate and medical universities. If no efforts—persistent efforts—looking toward mutual improvement are made by those who have left the portals of an *alma mater*, the labor expended in fitting them for a career of usefulness is well-nigh valueless.

We cannot too strongly insist, especially at the outset of another year, upon the obligation and necessity imposed upon every member of the profession in this city, of connecting himself with one or the other of its medical societies.

Time was, when the medical schools of this city satisfied the demands of the hour. The responsibility of the Fellows of each Faculty to their cor-

porate bodies was of itself sufficient to establish a species of jurisdiction and court of appeal.

But the time has passed when the organizations provided by medical faculties were sufficient to fill the needs of the profession. The day is spent when a physician could connect himself with a college or hospital, subscribe for one or two Eastern medical periodicals, and then confine himself to a narrow circle of professional sympathy and intercourse, surveying the toiling mass of the profession around him, very much as the early English barons, who intrenched themselves in their feudal castles, defied the assaults of the rest of the world.

There are about three hundred and fifty regular practitioners in this city; and hardly one-fifth of this number are connected with the staff of our educational and charitable organizations. Shall there arise from the remaining four-fifths a power like that of the British commoners, that shall, on the one hand, control with the power of organized professional opinion those who have long exercised such authority, and, on the other, elevate the standard of all co-workers in science? We believe not only that such shall be the case, but that the elements of such forces are already in active operation.

The medical societies of our city have been shamefully neglected. No one can deny it. Needless, to-day, to enumerate the causes which have brought this about. Some of them were efficient and remediless. Nor is it necessary to refer to those halcyon days when the old "Cook County Medical Society" was worthily supported by those who actively interested themselves in all its proceedings. We speak for the present and future.

To those who have now practiced medicine during almost a half-century, and have won for themselves the respect and esteem of their associates throughout the city and country, due allowance must be made. To many such, the burden of society-work, in addition to that already imposed upon them, may be intolerable. And yet such are the men who to-day, in New York and other cities of the East, have made the discussions of their academies and societies valuable to the world, and to the numerous journals that distribute them in a general circulation.

But we have a word for those who in years and grade are just below the seniors of the profession: who have isolated themselves from the medical societies till they know less of their genius and work than of the Sultan of Acheen. Some of this grade, it is true, are connected with medical schools and hospitals, and deserve great credit for their exertions in the societies during the past year.

Our word of warning and appeal is to those who have neglected this field. The rank and file of the profession, gentlemen, have been re-inforced, during the years expended by you in that eternal vigilance which is the price of practice, by men who have brought thither an intellectual power, an untiring industry, a fund of information, and a thirst for better things, which have been actively displayed in the Medical Societies. They are thus rapidly creating a power which shall pass on all questions of facts and ethics, and constitute a court of censorship and appeal superior to the authority heretofore exercised by other organizations. State

and National societies are rapidly coming to their aid by the enactment of laws which exclude, from the former, delegates from hospitals and colleges who do not also represent local societies; and the latter are proceeding to protect themselves from the dead weight of men who desire their names to appear in the lists of members without taking the trouble to enter their halls, by the enforcement of appropriate regulations.

We do not speak in behalf of either one of the two societies of our city, to the exclusion of the other. At present the "Chicago Medical Society" is largely, if not exclusively, attended by gentlemen who are residents in the West Division of the city; the "Chicago Society of Physicians and Surgeons" by those who live in the South and North Divisions. Both are supported by active and industrious members. They are totally free from the exclusive control of any man, or set of men. The societies are republican in their constitution, and open their doors and their honors widely to every physician and surgeon who has not a proven stain upon his character. And they shall, at no distant day, speak *ex cathedra* to every man who claims respectability in the medical profession.

To each and every such man we say, with all kindness and earnestness, Are you willing to forego their advantages for another year? Is it right, either as regards yourself or your fellows? Can you conscientiously deplore that condition of affairs which permits pretenders, empirics, and irregular practitioners to wear the livery of an honorable profession, when you fail to enter the lists where, surely, these evils are to be encountered?

THE ILLINOIS STATE MEDICAL SOCIETY'S TRANSACTIONS FOR 1873—WHY THEY HAVE BEEN DELAYED.—The paragraph in the last number of THE EXAMINER, relative to the delay in the issue of our State Society's Transactions for 1873, has called forth numerous replies from the authors of papers, and other members, all expressive of their indignation and surprise at the most unjust and unwarrantable action of the Publication Committee in thus delaying the issue of the Transactions, in direct violation of the positive rules and by-law of the Society.

As the Publication Committee have not seen fit to offer any explanation for themselves, we shall take the liberty of stating some facts relative to the matter, which have come within our knowledge, and which, in justice to the Society, we think should be made public.

Those members who were in attendance at the meeting in Bloomington, in May last, are aware that a large number of valuable and interesting reports were presented to the meeting. With two or three exceptions, they were presented in writing, complete, at the time of the meeting, and were placed in the hands of the Secretary in abundant season. There was nothing, therefore, to prevent the transactions from being issued promptly on time, providing the two or three delinquents had not been waited for.

One author, who presented his report, in part verbally, not being able to complete it by the time specified in the by-law, laid it aside, supposing, of course, that it would be omitted. Learning, some weeks after, that the Transactions were still open,

he immediately completed his report, and handed it to the Secretary.

It will also be remembered, by those present, that the *honored* and *efficient* Secretary, himself, presented, at the meeting, a highly important and valuable report. Unfortunately, however, this report then existed, in great part at least, only in the capacious brain of its author; and there, if anywhere, it still continued to exist, when last heard from.

For three months and more past, this report, and this only, has been lacking, to complete the volume of the transactions.

The facts speak for themselves; comment is unnecessary.

What explanation the Publication Committee will have to offer to the next meeting of the Society, for this neglect of the duty and trust committed to them, remains to be seen. F. H. D.

THE CLIMATES OF THE UNITED STATES IN RELATION TO TUBERCULOSIS.—Dr Charles Denison, author of the very interesting communication, relative to the climate of Colorado, which we publish in this number of THE EXAMINER, has undertaken a very important and much needed work.

Being obliged, on account of ill-health, to remove from his home in the East to Denver, he has entered upon a thorough study of the climates of the various parts of the United States, especially in their relation to phthisis—causative, curative, or palliative. In the carrying out of this work, he is endeavoring to place himself in communication with leading physicians in all parts of the country, by means of a circular-letter, containing a series of carefully-arranged questions.

It is to be hoped that physicians generally will respond promptly and fully to the inquiries, as the replies, when gathered together, will undoubtedly bring forward facts of the greatest value and importance relative to the effects of climate on disease.

The Doctor we know to be well fitted for the task he has undertaken, both by natural ability and education. Unbiased and free from prejudice, he is not working to bring into prominence, or to present the claims, of some particular locality as a health-resort, but is honestly endeavoring to carry out the work thoroughly and systematically.

Dr. Denison is especially desirous of corresponding with such physicians as are more particularly interested in the subject of climatic influences, in order to avail himself of their advice and assistance. F. H. D.

MEANS FOR THE REMOVAL OF SYPHILITIC PIGMENT STAINS.—M. Langlebert suggests (*Lyon Medical*, from *Gazette des Hopitaux*) the application of blisters to old stains of syphilitic origin, and the continuance of the supburation, by the subsequent use of stimulating dressings, for a week. In this way he has caused brown stains, of several years' duration, to disappear.—*Boston Med. and Surg. Jour.*

Gleanings from Our Exchanges.

CASES ILLUSTRATING THE USE OF THE PNEUMATIC ASPIRATOR IN SURGERY.

By Charles D. Homans, M.D., Boston, Mass.

From the Boston Medical and Surgical Journal.

THE advantage of the use of the aspirator, in enabling surgeons to make a diagnosis in cases where the existence of fluid is doubtful, seems to be pretty generally recognized; but practitioners do not appear to realize that this instrument is of great value in surgery, in the treatment of many other affections. It has been used for the removal of pus and synovia from joints, for the emptying of chronic abscesses, in cases of chronic hydrocephalus, of retention of urine, of strangulated hernia, and to relieve the pain of distention in cases of great flatulence. In all these cases—some, of necessity, mortal—the relief to pain is very great, while, as a rule, the punctures made by the aspirator needles have been followed by no serious consequences; in fact, in most cases, at *post-mortem* examinations, but little, if any, trace of their passage could be found.

This instrument was used many times, during the past season, in my service at the City Hospital, and the following are some of the most striking of the cases:

CASE I. — *Strangulated Hernia.* April 20th. P. B., laborer, aged 54 years, has had oblique inguinal hernia on the right side for the past ten years; he has always worn a truss, till within a week before entrance; three days ago, after exertion, the hernia came down, and has remained down since, notwithstanding efforts at reduction were made by himself and two physicians. Constitutional disturbance not great. The hernial mass was about the size of a hen's egg, and very tender. The patient was etherized, and taxis tried for half an hour, without success. A fine aspirator needle was then thrust into the tumor, and from three to four drachms of fluid, containing bubbles of air, drawn out. Taxis was then again resorted to, and the hernia immediately returned. No unfavorable symptoms supervened, and the patient was discharged, well, the eighth day after the operation.

CASE II. — *Strangulated Hernia.* May 26th. B. R., seaman, aged 27 years, entered the hospital with a large inguinal hernia on the right side, which had been down for several hours, and which he had vainly tried to reduce himself. He had been ruptured more than seven years, and had usually worn a truss of his own manufacture. Four years ago, he was operated on by a distinguished surgeon of London, by Wood's method, for the radical cure of the hernia; but the operation, at first apparently successful, was followed by a recurrence of the rupture, after seven or eight months. Since then, it has frequently come down, but he has always been able to return it without the aid of a physician. Now, there is a large hernial tumor in the right groin, very painful and tender. It is quite firm to the touch, and the skin over it shows the scars of the operation in London. There was some acceleration of the pulse, and the countenance was anxious. The patient was etherized, and attempts

were made to reduce the hernia by the taxis, by position, and in every way that could be suggested, but without success. The tumor was punctured with the fine needle of the aspirator, three successive times, but no fluid or gas passed out. The ordinary operation for strangulated hernia was then resorted to, and the tumor found to consist wholly of intestine, very tightly compressed, which may, perhaps, explain why no fluid or air came after the punctures. The patient did perfectly well, and was discharged three weeks after the operation.

CASE III.—*Retention of Urine from Stricture.* A man, aged 37 years, entered the hospital with his bladder distended with urine, none having been passed for thirty hours. Many attempts had been made to pass an instrument through the urethra, but without success. There was a stricture four inches from the meatus, and blood followed the attempt to pass the catheter. The fine needle of the pneumatic aspirator was passed into the bladder, behind the pubes, and three pints of urine were drawn off. The bladder was punctured again the next day, after which the urine came naturally.

CASE IV.—A man, aged 28 years, was brought to the hospital, having fallen astride a plank ten hours before, and having been unable to empty his bladder since. He was suffering greatly from distention, and the aspirator was immediately used, as in Case III., forty ounces of urine, slightly tinged with blood, being drawn off. It was afterwards necessary to perform perineal section; and the man eventually recovered.

Dr. Wm. Ingalls also used the aspirator in a case of retention of urine from stricture, with similar good results; and it was used many times for emptying abscesses, exploring tumors, etc. Its use in one of the cases of strangulated hernia was, apparently, of the greatest service, while, in the other case, no harm was done, though three punctures were made. In the cases of retention of urine, the advantage of this manner of relieving suffering is certainly very striking, over the old way of tapping through the rectum. The needle is more easily introduced, if a very slight puncture is first made through the skin

RHEUMATOID ARTHRITIS.

CASES FROM CLINIC OF PROFESSOR DA COSTA, IN PENNSYLVANIA HOSPITAL.

From Philadelphia Medical Times.

THE affection which we are about to consider has been known by various names, such as rheumatic gout, rheumatoid arthritis, etc., which latter has been generally adopted as a sort of compromise between the two prevailing and contending theories as to its nature — rheumatic or gouty. It affects persons of an anæmic or scrofulous constitution, and is usually traceable to exposure to cold or damp. It begins with slight swelling of the smaller joints, as a rule, with tenderness, but no discoloration. The swelllng is due to an inflammation, with effusion of water or pus, which finally subsides, and the swelling disappears. This is now followed by a thickening of the synovial membranes, and the formation of "vegetations," which gradually harden, and stiffness of the joint supervenes.

Second attacks are apt to follow upon partial convalescence, leading to complete disorganization of the joints affected; finally, we find loss of articular cartilage, the bones, becoming eburnated, produce the peculiar grating sound noticed when the joints are moved. Dislocation is a frequent sequence.

The constitutional involvement is

peculiar, and, as we become more familiar with the disease, affords a valuable aid in its diagnosis. It is usually subacute, and presents no fever-phenomena, no uric acid or increase of fibrin in the blood, and no acid perspiration; neither are there deposits in the finger-joints and ears, as in gout. There is no history of hereditary rheumatism or gout. The absence of cardiac symptoms is peculiar. These lesions are so intimately associated with rheumatism as to warrant the assertion that four-fifths of the cardiac diseases are attributable to rheumatism. These points in the diagnosis and clinical history are proofs of its being a *distinct disease*.

Appended is the clinical history of two cases in point:

CASE I.—A man, aged thirty years, a shoemaker by trade, first became affected, two years since, with swelling, pain, and stiffness in the great toe of the left foot, which have extended to all of the larger joints. He gave, upon admission, a history of previous good health; never had fever during the progress of his disease; never had syphilis; and there is no family history of gout or rheumatism. It came on gradually. His urine is normal, bowels regular, and he has a good appetite. He has lost flesh, but is now gaining again. The hands present the peculiar distorted appearance of the disease, and there is "grating" upon motion; the large joints are alike affected, being rigid and painful upon motion. Auscultation reveals, at the base of the heart, a soft, systolic murmur, which is not constant; there is no hypertrophy. He has been taken citrate of lythia and cod-liver oil; this, conjoined with baths and regulated diet, has produced favorable results.

CASE II.—A French sailor, who has been in the house five days, states that he has been affected two months, giving no acute history; there is some stiffness of the smaller joints; entire absence of heart-lesions; no fever, tongue somewhat coated; pulse and temperature normal.

This patient might take, with advantage, lithia, cod-liver oil, or arsenic, internally, while he is kept at rest in bed, and leeches applied; then cold water or lead-water and laudanum applied locally. Frequently diuretics, and occasional purging, are useful in the early stages of the disease. If there is much weakness, quinia is given with advantage.

Later in the disease, the local indications require more urgent treatment, and here iodine may be used freely, or better, the following:

℞.—Potass. iodid., ʒ ij.
Lin. sapon. camph., f ʒ vj.
Tr. belladonnæ, f ʒ ij.

To be applied morning and evening.

Ammoniacal and mercurial plaster may serve a good purpose.

Internally, cod-liver oil, potass. iodid., liq. potass. arsenit., iodide of iron, and citrate of lithia, are the remedies *par excellence*. A formula now used in the hospital is:

℞.—Effervescing citrate of lythia,
gr. iij. to v.
Cod-liver oil, f ʒ ss.

Arsenic is valuable; in fact, no case should be pronounced incurable until it has been tried. If the nutrition fails, the system may be supported with stimulants, as there is no contra-indication, as in gout or rheumatism. They are not to be used in the acute form of the disease, however.

Baths should be insisted upon; for this purpose, tepid water and carbonate of soda may be employed; or Turkish baths may be used. Finally, a change of climate may be of service.

MENSTRUATION AND OVULATION.—The entirely separate character of these two physiological processes is argued by Dr. H. Beigel, in the *Weiner Medicinische Wochenschrift*. Further, conception is independent of menstruation. Young women conceive before they menstruate; in cases of double ovariotomy, women menstruate when they cannot conceive. Menstruation he defines as "a periodically recurrent sexual impulse," the exact signification of which expression is obscure to us.—*Philadelphia Medical Reporter*.

A CASE OF POISONING BY FIVE GRAINS OF STRYCHNINE TREATED BY CHLOROFORM INHALATIONS. — RECOVERY.—As the following case may be of some interest, I will submit it to the profession:

Mr. B., shop-keeper, a middle-aged man of temperate habits, while suffering from depression of spirits, obtained, on September 1st, ten grains of strychnine, representing his intentions were to poison a dog. He secured a room at a hotel, took a dose of laudanum as a preparatory step, and went to bed, intending to swallow the drug as soon as the effects of the opiate were apparent. It appears he fell asleep, and did not awake till half-past four in the morning, when he took half of the quantity previously mentioned. Some time after, he was seized with convulsions. The occupants of the adjoining rooms, awakened and alarmed by his screams, at length came to his relief. I was called, and saw him at 6 A.M. I found him lying in bed; legs and arms extended, his hands firmly clenching the sides of the mattress; intellect clear. He confessed he had taken strychnine. The clothing, by his request, had all been removed, as the slightest touch produced a spasm. I administered twenty grains of sulphate of zinc as soon as it could be obtained. This he swallowed with great difficulty, the contact of the solution with his mouth producing trismus and constriction of the throat. The paroxysms came on every three or four minutes. He was conscious of their approach, and entreated us to hold him, to raise him up, or lift him out of bed, till his body became fixed, his head drawn back, and articulation impossible. In this condition of complete opisthotonos, he remained for about a minute, his face livid, and death apparently inevitable. I now resorted to chloroform inhalations, with the happy result of preventing each paroxysm from lasting over a few seconds, or subduing it before the muscles of the back became rigid. So soon as he felt one coming on, I applied the vapor to his mouth; when the muscles were completely relaxed and the breathing natural, I removed it. The convulsions returned regularly till 2 P.M.; the intervals then grew longer until 5, when the paroxysms entirely subsided. For some time after he regained the use of his hands and arms, the legs could not be touched without producing a shock, as if the poles of a battery had been applied. In the eleven hours, he had used over a pound of chloroform. During the night and next day, I found it necessary to relieve the bladder with the catheter. The following evening — thirty-six hours after I first saw him — he was taken home in his carriage, and a week subsequently he walked to my office, although still suffering from soreness and stiffness of the muscles.

In this case, the sulphate of zinc did not produce emesis, nor did I repeat the dose, feeling confident the drug must already have been absorbed. And here I would state that the treatment given in all the books, viz., "give emetics, and persist in their use until free emesis is produced," should at least be modified. If we do not see the patient till a quarter of an hour after the poison is taken, or if convulsions have set in, emesis will surely do much harm. In a case I saw in Philadelphia, in 1868, the patient was nauseated with doses of sulphate of zinc and ipecac. Each attempt at emesis produced the most alarming convulsions. With chloroform to ward off the convulsions till the poison is eliminated from the system, deaths from strychnine will be very rare.—G. W. COPELAND, M.D., *in Boston Medical and Surgical Jour.*

ABORTIVE TREATMENT OF FURUNCULI.—According to several observers, as recorded in the French journals, the following method never fails "to take effect:" As soon as there is perceived that characteristic redness, round in form and variable in size, with a culminating point in the center, which, red at first, soon turns to a grayish-white, dip the finger into a little camphorated alcohol,

and gently rub the suspected part, especially the middle; moisten the finger, and rub again, in the same manner, eight or ten times, for half a minute each time. After this friction, cover it lightly, with the finger, with camphorated olive oil. It is rare for a blind boil, or furuncle, at the moment of lessening, to resist four applications of this kind. Often they have been seen to dry up and disappear after only one application.—*Boston Medical and Surgical Journal.*

Book Reviews.

TREATISE on the Diseases of the Eye. By J. Saelberg Wells, F.R.C.S., Professor of Ophthalmology in King's College, London, Surgeon to the Royal London Ophthalmic Hospital, Moorsfield, etc., etc. Second American, from the third English, edition. Philadelphia: Henry C. Lea, 1873.

No better evidence of the value of this work is needed than the fact that, since its first appearance, in 1868, it has had three English editions and two American, and has been translated into the German and French languages. Voluminous as has the literature of ophthalmology become since the ophthalmoscope was devised, this work merits the designation of being the most valuable one in the English language for the general practitioner. The diseases are treated of in a clear, concise manner; and the extensive field of observation afforded the author, as a member of the surgical staff of the Royal London Ophthalmic Hospital, has given ample opportunity to test the correctness of his views.

His suggestions regarding the variations of refraction of the eye, and the proper mode of correcting them, are explicit, and well calculated to correct many of the popular errors regarding the use of spectacles. For his caution against the unscientific effort of opticians and jewelers to adjust glasses to correct these variations, as dangerous, he merits the thanks of the public, who are often astonished when informed of the risks they thus incur.

The addition, to the American edition, of selections from the test-types of Jaeger and Snellen, will be found a convenience to many.

The six chromo-lithographic plates, representing pathological conditions of the interior of the eye, are well executed, and faithfully represent those structural changes. In short, the work fills a place of usefulness.

NEW BOOKS RECEIVED.

The Principles and Practice of Medical Jurisprudence. By Alfred Swaine Taylor, M.D., F.R.S. Second edition. Two vols. Philadelphia: H. C. Lea.

A System of Midwifery; Including the Diseases of Pregnancy and the Puerperal State. By Wm. Leishman, M.D. Philadelphia: H. C. Lea.

Theory and Practice of Medicine. By Fred. T. Roberts, M.D. etc. Philadelphia: Lindsay & Blakiston.

On the Mechanical Treatment of Diseases of the Hip-Joint. By Chas. F. Taylor. New York: Wm. Wood & Co.

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Original Communications.

ON THE USE OF ELECTRICITY IN POST-PARTUM HÆMORRHAGE.

BY CHAS. W. EARLE, M.D., CHICAGO, ILL.

MRS. M., an American lady, living on Sangamon street, in this city, summoned me, Dec. 9th, 1871, to attend her in confinement. I found her suffering from the usual cutting and annoying pains of the first stage, and in every respect in a fair condition, except a want of power in the pains.

On the morning of the 10th, Dr. Byford visited her (she having been under his treatment for uterine difficulty for some months previous to her pregnancy), and, excepting the uterine inertia spoken of above, expressed himself satisfied with her condition. He advised, however, if the labor was not concluded in a few hours, the use of forceps.

About 4 P.M., the uterus seeming powerless to complete the work, and, some twenty hours from the commencement of her labor, she was delivered, without any trouble, by the use of instruments.

As is my custom, a half drachm dose of fluid extract of ergot was administered, and, the after-birth complete was delivered in about fifteen minutes.

Without moving her from the position she was placed in for instrumental delivery, I sat down by the bedside to watch the condition of the uterus for one hour before putting on the binder and taking my departure. There had been such inertia of the womb during the entire labor that I was fearful of what my patient very soon experienced.

Without any premonition whatever, the uterus ceased its contraction, and

a stream of blood, apparently as large as half my arm, came pouring from the vagina.

I immediately introduced my right hand to the fundus of the womb, and, with my left, tried to compress the descending aorta, giving orders at the same time to the attendants to administer more ergot, to lower the patient's head, apply cold water to the abdomen, and procure a piece of ice for inserting into the uterus. All this was done rapidly, and in much better order than is usual in such cases. But what a change there was in my patient! In two minutes she had changed from a most favorable condition—indeed, from a joyous and happy one—to an exsanguined, bloodless and pulseless state; apparently, she was moribund.

In addition to what I had already done, I gave what stimulants could be found in the house; and keeping my hands in the position noticed above, as the most effective way of stopping the largest amount of blood, sent immediately for Dr. I. N. Danforth, who lived in the immediate vicinity. He came forthwith, and, relieving me from my most fatiguing position, suggested port wine and carb. ammonia as the stimulant. Ergot had been given freely; ice, externally and internally, had been used; compression resorted to; stimulants and nourishing broths administered; but the hæmorrhage did not cease. Nothing, up to this time, had produced a good, strong continuous contraction of the uterus. Dr. Danforth now advised electricity; and in a very few minutes a battery was at hand; and placing one pole over the sacrum, and the other over the uterus, the current was commenced.

The effect was instantaneous and almost marvelous.

The uterus *contracted firmly;* the *hæmorrhage ceased immediately;* and as long as the electrical current was continued, the uterine tumor remained hard, and of proper size.

It was necessary, however, to keep up the current for some time; for, as soon as we ceased using the electricity, the womb softened, and blood commenced to flow. It was above twelve hours before we ceased using the instrument altogether. At that time the adynamic condition of the entire system, and uterus especially, seemed to be overcome, and we felt safe in leaving our patient.

The lady was saved, and made a very comfortable convalescence. Electricity certainly contributed largely to the favorable result.

As I am preparing these pages for publication, Dr. Danforth informs me that he has had a case in his own practice, in which electricity was supplied.

The indications for treatment were so marked, and the physiological application of electricity attended with such beautiful results, that I feel that my article will be made of double importance to the profession by its insertion.

He very kindly places the notes of the case at my disposal, which I give entire.

"October 13th, 1872, I was called upon to attend Mrs.——, a lithe, active, healthy brunette, about twenty-three years of age, in her first confinement. The patient was, and is, alike remarkable for her quick, active movements and powers of endurance, and for her slight physical proportions and fragile appearance. She passed through

gestation with very little inconvenience, superintending her household affairs to the day before her labor, and maintaining her wonted cheerfulness and vivacity, not only *to* her sickness, but well *through* it. In view of the fact that my patient was so unusually small, I apprehended a long and probably tedious labor; but comforted myself with *another* fact, that I have many times observed, namely, that a brunette will endure a far more tedious labor, and retain her strength and courage much longer, than a blonde; hence, I felt warranted in hoping for a favorable termination. *

"Labor began about the middle of the afternoon of the twelfth—or, perhaps, it is more correct to say premonitions of labor, since nothing but "teasing" pains occurred till the evening was somewhat advanced. About nine o'clock in the evening, an examination disclosed a natural presentation, a very small amount of liquor amnii; and the os uteri dilated to the extent of about one inch; pulse natural, and the patient's condition quite satisfactory. About twelve o'clock, the os was fully dilated, and the head passed the upper strait, and shortly passed forward to the perinæum, which still remained quite rigid and unyielding. But as the pulse was yet perfectly normal, and the strength did not appear to flag, I saw no occasion for alarm. The pains continued with regularity, and everything progressed quite as well as I had anticipated, up to about four o'clock on the morning of the 13th. About this time, the patient began to show the evident results of a hard night's work, and indications of the not far distant exhaustion of her capital stock of strength, in spite of our efforts to sustain her by concentrated nourishment. The pulse had risen to 100; the patient looked weary; the temperature began to rise; and a nervous restlessness took the place of her former cheerfulness. But, as the perinæum was not yet in a favorable condition, I felt constrained to postpone delivery a while longer, although convinced that a forceps delivery would be necessary. At the end of another hour (about five o'clock) the patient's symptoms were as follows: Pulse 120; skin hot and dry (the actual temperature was not taken); complains of thirst; looks weary and restless, and begins to feel discouraged; occasionally draws a long sigh, to give expression to her exhaustion; and is "fidgety," nervous, and impatient. The vagina begins to feel hot and dry, but the parts are quite well dilated, and the head is within easy reach of the forceps. Believing it to be my duty to deliver without further delay, I at once applied the forceps, and accomplished the delivery of the child, a healthy boy, without accident, and with the expenditure of far less force than I expected. In a few minutes, the placenta was expelled naturally, the uterus contracted promptly; the usual bandage and compress was applied; the patient expressed herself as "feeling comfortable;" and I congratulated myself upon the fortunate issue of the case. After sitting awhile —perhaps twenty minutes—by the

* I think the majority of physicians will bear me out in the statement that women of dark complexion are far more likely to have longer, as well as more severe, labors, than those with light skins; also, that they generally make quicker and more perfect recoveries, and manifest greater resistance to septic influences. Did space permit, I could adduce many proofs of this.—I. N. D.

bedside, I had occasion to leave the room, and was absent, I imagine, for another twenty minutes. As I re-entered the room, the patient *gasped*, rather than *said*, "Doctor, how dark everything looks." Placing my left hand upon the abdomen, I felt the uterus distended and swollen, with an enormous coagulum, which I turned out by thrusting my right hand into the womb with all possible expedition. I then attempted to secure contraction by intra-uterine irritation with the fingers, and by "teasing" the organ through the abdominal wall. But, although the uterus would feebly contract, it would immediately relax again, and the loss of blood continued until my patient seemed upon the very verge of death. Meantime, I had sent for my battery, which was happily near at hand, and was, therefore, quickly at the bedside. I immediately applied one pole over the uterus, and the other over the spinal column. The result was simply magical; never in my professional experience have I seen aproaching death so promptly arrested, or felt such a burden of anxiety lifted from my shoulders, as it were, in a moment. Under the electric goad, the flabby and toneless uterus immediately became a hard, round ball, no larger than my two fists, and the bleeding ceased. Of course, the pillows were taken away, the foot of the bed was raised, and brandy, beef-tea, and milk, were alternately administered, as fast as I thought the stomach would retain it. *

"After the application of a gentle current, for ten or fifteen minutes, the poles of the battery were removed, and I sat down to watch the uterus, with my hand upon the abdomen. *Relaxation came on again after a very short time, and the organ commenced refilling with blood.* Several times more, in course of the succeeding three or four hours, I attempted to suspend the use of the battery, but with precisely the same results. It was well along in the afternoon of the 13th, before I dared leave my patient, or cease using the battery. In fact, I was obliged to "hold on" to the womb with electricity, until, by virtue of stimulants and beef-juice, it had acquired strength and tone enough to take care of itself. I am profoundly impressed with the conviction that I should have seen this patient die before my eyes, but for electricity. The pulse was gone; a mere "flicker" was perceptible to the ear over the heart; she was blanched, bloodless, and speechless; in fact, she was in profound collapse, with extreme uterine inertia; and the blood was still passively draining from the flaccid uterine sinuses, in spite of the vigorous application of the ordinary measures within my reach. At this point, the battery came, and the case assumed another aspect. Instead of standing helplessly by, resorting to futile expedients, I became at once master of the situation. For the electric current does more than merely to whip up the uterus, and make it contract; it gives a fillip to the whole nervous system, and arouses it to another effort in its own behalf; it causes the heart to contract more forcibly, and thus sends the starving brain a new supply of blood; it seems, in some sort, to fur-

* I think, in cases of severe hæmorrhage, with extreme exhaustion, the mistake is often made of pushing stimulants and nourishment too fast. The stomach itself shares in the general exhaustion, and cannot perform its duties as rapidly as usual. Hence, we are likely to have overloading and vomiting.—I. N. D.

nish a momentary "motive power" to the whole machine, thus giving the patient one more chance of life. Meantime, we are trying to restore the elements of the blood as fast as possible, by various forms of concentrated nourishment."

In conclusion, I will merely add that Mrs.—— made an excellent recovery, without accident or mishap of any kind.

In presenting the preceding cases of post-partum hæmorrhage to the profession, in which very marked beneficial results are claimed for electricity, I do not wish the reader to think for a moment that I wish to undervalue the powerful remedies which are ordinarily used with good success in these critical cases, or that I wish to give electricity undue prominence.

We all recognize the fact, that severe flooding after childbirth places our patient in a most perilous condition. It is an occurrence that demands all the nerve, skill and presence of mind which we possess.

We must not make any mistakes. We have no time to consult authorities. And none of us should dare to enter the lying-in chamber without a knowledge of every agent of service in post-partum hæmorrhage, and the power to promptly and intelligently use them.

To make this article as useful as possible, and to show that electricity has not been recognized by many of our prominent authors and teachers as an excito-motor stimulant of the highest power, I make the following extracts:

* Dr. Elliot expresses his conviction, that deaths from post-partum hæmorrhage rank among the most preventable causes of death, and regards the practitioner responsible for proper treatment. His practice, as recorded in his writings, seems to me to have been particularly good, and worthy to be followed. It is decidedly against hurrying away from the bedside after delivery, as I am afraid is the custom of many.

Ergot, the hand in the uterus, and cold, in case post-partum hæmorrhage takes place, and the retention of the hand over the fundus for some time after the delivery of the placenta, in *every* case, as a matter of safety, will be found recommended in his work. He does not speak of electricity.

Schroeder, in a very recent work,* does not mention any new theory, nor does he speak of electricity. He relies largely upon pressure, and gives ergot, but does not trust the drug absolutely.

Dr. Meadows † relies on stimulants, the hand in the uterus, the cold douche, ergot, and, lastly, transfusion. He does not mention electricity.

Prof. Byford ‡ speaks of post-partum hæmorrhage as one of the most fearful and appalling accidents which can befall a woman. "Atony," he remarks, "is the condition of the uterus in which it occurs."

Ergot, grasping and kneading the uterus, ice, or ice-water, to the abdomen, or in the uterine cavity, and compression with very solid substance, like a book, sufficiently firm to close the uterine cavity, are the means employed for combating the dangerous complication.

* Obstetric Clinic.

* Manual of Midwifery, 1873.
† Manual of Midwifery, 2d Edition.
‡ Theory and Practice of Obstetrics.

Cazeaux* recommends, in obstinate hæmorrhage, the tampon; the introduction of a bladder into the womb; the approximation of the uterine walls by immediate pressure; compression of the aorta; the use of ergot; of opium; and transfusion.

In regard to the tampon, it is urged by those who advise it that it is not so much to stop the blood, as it is an *irritant* to the internal surface of the womb. It *must not* be used in such a manner as to convert an external into an internal hæmorrhage.

Bedford,† after speaking of the usual remedies used, says: "Electricity, for example, has been much lauded by certain English authorities; but you must at once recognize a very serious objection, which is the delay necessarily connected with its application, simply for the reason that the apparatus is not at hand. Often, before it could be obtained, death will have claimed its victim."

Dr. Rigby ‡ speaks of an electrical machine to produce uterine contraction after the Cæsarean section.

While speaking of most of the remedies used in post-partum hæmorrhage, perhaps I should not fail to mention the method proposed by Dr. Barnes. The solution, according to this gentleman, should consist of the following:

℞.—Liq. ferri perchloridi fort, ʒ iv.
Aquæ, ʒ xii.

This should be thrown into the uterus, quite to the fundus, the operation being performed slowly and with care.

A weaker solution than the one mentioned above has been used, by competent men, and with good results.

I should say that this operation has its evil consequences; sometimes they are experienced, and, in other cases, they have not been noticed.

When present, they are: long continued and severe after-pains; tenderness in the lower part of the abdomen; fever; weakness; and the discharge, for several days, of small particles of the iron, with small clots.

It will be observed that electricity is mentioned but twice; and, in one instance, with what seems to the author a very serious objection. The objection, at this time, can hardly be urged; for electrical machines of some kind are in the possession of very many practitioners, and, in a majority of cases, can always be procured. We should *know*, at least, that, in some cases most marked results have been accomplished by their use.

The kind of instrument used in uterine inertia is important; a galvanic current would be very much less effective than the faradic current.

In the minds of many who have not had access to recent works published on electricity, the differential indications between the two currents are both erroneous and imperfect.

Many suppose that there is a marked difference in kind; indeed, that there are two different forces.

There is very strong evidence at this time, however, for regarding the two currents as different in *degree*, rather than *kind*.

Beard and Rockwell have produced about the same therapeutic results with one as with the other; yet each current has its advantages.

One advantage of the faradic over the galvanic, is its frequent interrupt-

* Theoretical and Practical Midwifery,

† Principles and Practice of Obstetrics, p. 396.

‡ Obstetric Memoranda.

ions. This current should be used in uterine inertia. When we wish to produce full muscular contraction, and in muscles which are not diseased, as we shall see presently, the faradic is the current indicated.

Beard and Rockwell give the following general differential indications for the use of the two currents:

"The galvanic should be used—

"1st, To act with SPECIAL ELECTROLYTIC POWER on the brain, spinal cord, sympathetic, or any part of the central or peripheral nervous system;

"2d, To produce contractions in paralyzed muscles that fail to respond to the faradic.

"3d, In electro-surgery, to produce electrolysis or cauterization.

"The faradic should be used—

"1st, To act MILDLY on the brain, spinal cord, sympathetic, or any part of the central or peripheral nervous system;

"2d, To excite muscular contractions wherever the muscles are not so much diseased as to be unable to respond to it;

"3d, To produce strong mechanical effects."*

The practical points which I wish to bring out in this article, are the following:

1. Post-partum hæmorrhage being an exceedingly dangerous conclusion to labor, and liable to take place when we least expect it, we should always be prepared to combat it. We should remain by the bedside of our patient at least one hour after delivery, and should repeatedly satisfy ourselves that the uterus has firmly contracted.

2. Every practitioner should be perfectly familiar with the the ordinary methods of treating post-partum hæmorrhage; *he should have ergot with him at confinements*, and, when it is possible, should have ice at hand, in readiness for use.

3. From the known physiological action of electricity, and clinical observation of a few recorded cases, the indications for treatment in uterine inertia are best met, and most safely combated, by the use of the faradic current.

* For the above rules, see a valuable work "On the Medical and Surgical Uses of Electricity," by Beard and Rockwell.

DELIRIUM TREMENS.—FATTY DEGENERATION.

CLINICAL CASES IN THE MEDICAL WARDS OF MERCY HOSPITAL. SERVICE OF PROF. N. S. DAVIS.

WITH the table filled with a number of fresh morbid specimens, the lecturer addressed his class substantially as follows:

Delirium tremens, or that form of temporary mental derangement caused by the use of alcoholic drinks, is, unfortunately, of frequent occurrence in almost all populous communities; and the wards of our hospital are seldom entirely free from cases of this class. The subject from which these morbid specimens were taken was a man of intelligence, between twenty-five and thirty years of age, naturally strong, and well formed, but

had accustomed himself to the use of alcoholic drinks for many years. It was stated by his friends that for three weeks before his admission to the hospital he had been almost constantly intoxicated, much of the time taking from one to two pints of brandy per day, while during the same time he took very little food. At the time of his admission, and for three or four days previous, he had been exhibiting all the phenemenon of *mania a potu*, or the delirium of the drunkard. When first seen in the ward, his face was pale, or rather of a purplish color; eyes sunken; the vessels of the conjunctiva distended with blood: and pupils large; the expression of countenance haggard; the extremities cool and blue; the pulse small, weak, and frequent; the stomach so irritable that almost everything swallowed was quickly rejected by vomiting, accompanied by a dark greenish fluid, mixed with mucus; and motions indicating great epigastric distress.

His mind was constantly occupied with all sorts of horrid images and phantoms; and he was much of the time engaged in a struggle to get out of bed and away from his attendants. There was constant vigilance, and much muscular agitation, or tremor. He could not be kept sufficiently quiet to permit a direct physical examination of the cardiac and hypochondriac regions; but the general symptoms justified a very unfavorable prognosis. And yet, up to that time, his friends continued to give him the alcoholic drinks.

Their further use was forbidden; the attendants were directed to use no more force in restraining him than was absolutely necessary to prevent him from doing injury to himself; and the following prescriptions were ordered:

℞.—Carbolic acid, cryst., 8 grs.
Glycerine, ʒ ss.
Tinct. digitalis, ʒ i.
Camph. tinct. opium, ʒ iijss.

Mix. Give one teaspoonful, in a tablespoonful of water, every two hours. It was hoped that this might allay the gastric irritation, steady and strengthen the heart's action, while the camphorated tincture of opium would lessen the morbid vigilance, without impairing the action of the kidneys, or endangering excessive narcotism. In the evening, the narcotic effect was to be increased by a single dose of fifteen grains each of bromide of potassium and hydrate of chloral. Tablespoonful doses of milk with lime-water, were also directed to be given, every two hours, alternately with his medicine.

On the following day, the condition of the patient was in no respect improved. The attendants had succeeded only very partially in carrying out the directions, the patient resisting the taking of either nourishment or medicine; while one of his friends had smuggled in a small bottle of what he called "good brandy," some of which had evidently been used. The matters vomited were becoming more dark and grumous; his pulse more feeble; and he died on the evening of the third day after admission. A *post-mortem* examination revealed no important morbid appearances visible to the unassisted eye, except in the stomach, duodenum, liver, and kidneys. These organs are before you, fresh as they were taken from the body. The stomach and duodenum are laid open; you see the mucous membrane, in its whole ex-

tent, presenting an intensely red and tumefied condition. In some places, where most intensely injected with blood, the surface is dark brown, and, apparently, softened. These appearances are the result of severe inflammation in the gastro-duodenal mucous membrane. And this inflammation was probably the direct cause of death.

The kidney is seen to be moderately enlarged; rather soft or flabby to the feel; and, on being laid open, the cortical, or secreting structure, is pale, and several small masses of fatty tissue at different points are observable. No analysis of the urine was made.

The liver is seen to be greatly enlarged, being more than twice its natural size. Its color is light olive, both internally and externally; and its increased bulk is plainly owing to infiltration, or deposit of fat globules, constituting the most common form of *fatty liver*. The heart is also loaded with fat; and its muscular tissue paler than natural. These morbid specimens fully illustrate the two leading effects of alcoholic drinks on the physical organization of the human body. The fatty degenerations in the liver, heart, kidneys, etc., are the result of the slow, long-continued, moderate influence of alcohol in retarding the oxydation of the carbonaceous matters of the system, and allowing it to accumulate in the form of inert fat; while the acute gastro-duodenitis is the result of the direct irritating influence of strong distilled spirits, taken in large quantities, without ordinary food.

Some have expressed doubts as to whether alchoholic drinks were capable of producing direct inflammation of the mucous membrane of the stomach; but such inflammation is certainly a frequent complication of delirium tremens, and adds greatly to the danger of that disease. It is very generally supposed that the delirium and trembling, result from the sudden withdrawal of the so-called, stimulating drink, and the consequent anæmic condition of the brain. And it is certainly true, that, in many cases, the first indications of delirium occur from one to five days after the inebriant has been discontinued. But it is equally certain that, in two-thirds of all the cases that have come under my observation, the symptoms supervened, while the patients were still in the full supply of their accustomed drink. Whenever the alcoholic beverage is kept in contact with the brain structures, constantly retarding the molecular changes for a considerable time, while the supply of nutritive matter through the digestive organs is suspended, or greatly deficient, that perversion of function which is styled delirium tremens ensues, whether the drink is continued or not. In simple, ordinary cases of delirium, not complicated with any serious disease in the chest or abdomen, the indications for treatment are simple, and easily fulfilled. The patient should be kept at rest, with kind, persuasive, encouraging words, and as little physical or forcible restraint as possible. All alcoholic drinks should be entirely discarded, and, in their place, such medicines given as will exert a soothing, tranquilizing influence, favoring sleep at night; and such bland nourishment as will be most readily retained and assimilated. From ten to fifteen grs. of bromide of potassium, given in

solution with the same number of minims of the tincture of digitalis, every two or three hours, according to the degree of excitement, and from fifteen to twenty grains of hydrate of chloral, between eight and nine o'clock in the evening, will be all the medicine needed in most of these cases. Nourishment is of even more importance than medicine. At first, the patient should be induced to take two or three tablespoonfuls of milk, beef-tea, or other simple liquid nourishment, between each of the doses of his medicine; and after he begins to recover, the food may be more varied, and in larger quantities. In cases accompanied by paleness, constant sweating, a small weak pulse, and scanty urine, the following may be given between each of the doses of the bromide and digitalis:

R.—Carb. ammon., ʒ ij.
Camph. tinct. opium, ℥ ij.
Camph. water, ℥ iss.
Simple syrup, ℥ ss.

Give one teaspoonful every two or three hours, in a tablespoonful of water.

In cases accompanied by such persistent vomiting of thin mucus, of a green or brownish color, as indicates special gastro-duodenal inflammation, a powder containing one grain of calomel and one-quarter of a grain of sulphate of morphia, given every three hours, and tablespoonful doses of cold milk and lime-water, have often succeeded well in gaining control over both the delirium and gastric irritation. After the first day, the calomel should be omitted, and its place supplied by five grains of subnit. of bismuth, or three grains of oxide of zinc, with the same quantity of morphia as before. In a few instances, after the mental excitement and gastric irritability had much abated, a troublesome hiccough has supervened, which has yielded to five grain doses of monobromated camphor more readily than to any other remedy. There has been, and still is, a tendency to treat delirium tremens too heroically; that is, to give too large doses of medicine, either by the mouth or hypodermically.

We cannot but regard twenty, thirty, or forty grain doses of chloral, half grain, and grain doses of morphine, or fluid drachm doses of tincture of digitalis, as dangerous and unnecessary. I have never resorted to such doses; but several cases have come under my observation in which they have been resorted to, some of which terminated suddenly fatal. About two years since, a case was admitted into this hospital, in the early stage of delirium tremens. He was a middle-aged man, of good physical development; and one of the assistants in the hospital gave him, at once, about *fifty grains* of hydrate of chloral. It was followed, in a short time, by narcotism, so profound that artificial respiration had to be maintained for three hours before he regained a condition of safety. In a disease involving so much impairment of nutritive and molecular changes, a milder medication, and more attention to nourishment, is the safer course.

RENAL DISEASE—PROBABLE TAPE-WORM.

TWO CASES FROM PRACTICE BY D. B. TRIMBLE, M.D., CHICAGO, ILL.

THE following case may be of some interest to your readers, as showing the advantage of a careful diagnosis in a serious disease, before resorting to treatment.

Mr. S., a gentleman whose family had recently moved to the city, applied to me, late in November, to prescribe for his son, a child about two and a half years old, who had been in poor health for three or four months, and attended by two physicians, at different times.

They had pronounced his case indigestion or dyspepsia, and had treated him for this disease, but with little benefit. His father informed me that he had but little appetite; was considerably emaciated; very restless, especially at night, when he would have to rise to micturate very frequently, passing but little urine at a time, and that high-colored. He said that he had no pain in the bladder, apparently, but much irritability, making the inclination to urinate very urgent. From the symptoms, I suspected some renal difficulty, and before prescribing, requested him to bring some of the urine to analyze.

On the 29th, he brought me a four-ounce bottle full of very turbid urine, which, on standing about an hour, precipitated more than a quarter of an inch in depth of a pale red, or pink, deposit. The analysis showed the following condition:

Specific gravity, 1.030. Acid reaction, by litmus paper, very strong. The microscope developed the existence of amorphous urates and pus, very largely. Nitric acid showed a trace of albumen, but cleared the urine by dissolving the urates. On the application of heat, and the liquor potassæ, pus was precipitated. I prescribed for him, to meet the acid indication, aqua calcis; for the irritation, or inflammation of the mucous coat of the bladder, the following:

℞.—Ext. pareira brava, fld.
Ext. uva ursi, fld., aa gtt. xv.
Plumb. acet., gr. ½.

Three times a day.

My theory was, that the urates had induced the inflammatory condition of the bladder, and the formation of pus; and the indications were to neutralize the former, and subdue the latter.

On the 5th or 6th of December, a second portion of urine was brought me, with the information that there was some improvement in the symptoms. The urine presented the following conditions:

Deposit, fifty per cent. less. Specific gravity, 1.023. Acid reaction, strong, though somewhat diminished. Amorphous urates and pus still present, but in smaller quantities, as indicated by all the preceding tests. The only additional recipe that I now gave, was bicarbonate of soda, in five grain doses, three times a day.

On December 10th, I was requested to see him, and found him somewhat emaciated, pale, constipated, and with considerable fever. I prescribed a dose of ol. ricini, and spirits nitre, to be added to his alkaline solution.

Dec. 12.—Received the third speci-

men of urine. I was informed that he was much better; rested comparatively well; sometimes not being disturbed all night to micturate. Urine more plentiful, and less irritating; fever abating. The urine presented the following characteristics:

Urine, after standing for two hours, had no deposit. Specific gravity, 1,018. Slight acid reaction. Amorphous urates had nearly disappeared; perceived a few by microscope. No albumen. No deposit of pus from heat and liquor potassæ. Urine nearly normal.

I now discontinued the fluid extracts and acetate lead, except one dose at night, and discontinued the soda and nitre. Continued the aq. calcis.

On the 17th, examined the fourth and last specimen of urine. There was no deposit after two hours. Specific gravity, 1.015. Acid reaction, very moderate. Amorphous urates and pus disappeared. Urine normal. Omitted all the former course, and, as the little patient had a poor appetite, and was debilitated, gave him Sargent's elixir of the pyrophosphate of iron, and calisaya, with the $\frac{1}{120}$ grain strychnia, twice a day, under which treatment he is rapidly improving.

From reading your cases of tænia in the December 15th number of THE EXAMINER, I am induced to give you, very briefly, the following case, which I believe to have been tape-worm.

On October 5th, visited Mrs. D., a stout and fleshy young woman, who had grown fat rapidly. She was suffering with intense paroxysmal pains in her stomach, as she informed me, recurring every fifteen minutes. She had a high fever, a densely furred tongue, and constipation. Prescribed an active cathartic, to be followed by neutral mixture, and a combination of subnit. bismuth, and sulph. morph., alternating them.

On the 6th, found that the cathartic operated freely; the pain was mitigated for a few hours, but returned again in full force.

On the 7th, the fever had abated; the tongue commenced to clean; but the pain continued with the same intermitting symptoms.

I now began to suspect that it was neuralgia of the bowels (having before feared gastro-enteritis), and treated it for that disease, but with very slight alleviation. I did not see her again until the 9th, when I found her entirely free of fever, and the tongue nearly clean, but with a total loss of appetite. The pain, however, continued without any abatement, which she now referred to the umbilical region, and stated, that for two nights, she had "nearly choked to death," from "something rising in her throat." As she informed me, in reply to my questions, that she had, about a year before, passed "a white worm, about three feet long, and flat, and broken pieces about an inch long," I suspected another tape-worm. I therefore gave her the following: Pulv. pepo, ten drachms; ether. ext. filix mass, one drachm, made into an emulsion, of which she was to take one-fourth part every half hour, and to follow it by ol. ricini, one ounce; ol. terebinth., one drachm. It vomited her after the third drachm dose, and purged actively; but she saw no evidence of the worm. She was, however, entirely relieved of her pain, and her health has since been good, though she has lost some flesh.

Was it a tape-worm?

PERIODICAL URTICARIA.

TWO CASES FROM THE PRACTICE OF J. SCHNECK, M.D., MT. CARMEL, ILL.

THE two following cases, while they may not present anything new, may yet be worth recording; as this form of urticaria is so cursorily referred to in most of our text-books. They do not call the attention of the reader sufficiently to this type of the disease to put him on his guard, and many, therefore, have to learn the disease by experience at the bedside, much to the annoyance of themselves and patient; at least, such was my experience.

CASE I.—July 25, 1873, at 11 A. M., was called, in great haste, to see Mr. A. S., a blacksmith, aged twenty; medium height, stout and robust. On my way there, the father, who came after me, gave me the following history of the case:

The patient had been as well as usual, until about six o'clock that morning, when he began to feel a tingling and itching sensation on the limbs and body, which, when rubbed or irritated, would break out with a profuse eruption of wheals. This became so annoying that he had to stop work and go home, where he was given warm tea, and both his mother and sister set to work rubbing, to bring out the eruption freely. While this was being done, he was taken with a severe convulsion.

Upon my arrival I found him in his third convulsion, which was a very severe one, and the body and limbs almost entirely covered with wheals. I immediately gave him thirty drops of chloroform, in a teaspoonful of water; and, as soon as the convulsive seizure was over, put him on compound spirit ether, one-half drachm every half hour, to prevent a return of the spasms.

Supposing the trouble to arise from some morbid accumulation in the stomach and bowels, I ordered a full dose of sulphate magnesia. Visited him again at 2 P. M. and found he had had no more convulsions, and was feeling well as usual, but "very tired." The magnesia had operated freely.

Heard no more of him until the 27th, about 11 A. M., when I was again called in great haste; found him in very much the same condition. Again resorted to Hoffman's Anodyne, with like success in stopping the paroxysms, he having but one more after my arrival. Suspecting that it might be of a periodic type, ordered quinine, twenty grains, to be divided into five powders, and given every two hours, on the morrow. There being no return of the trouble, I ordered the same amount of quinine to be taken once a week, for several weeks, to prevent a recurrence. Has had neither chill or convulsions since.

CASE II.—Was called April 7th, 1873, about 9 A. M., to see Mr. Wm. M., civil engineer, aged twenty-three; below medium size, but generally healthy. Found him freely broken out with wheals on all parts of the body; also with slight fever, burning and itching sensation of the skin, which seemed to be almost intolerable. Directed warm teas, and a seidlitz pow-

der, to be repeated if necessary. Heard no more of him until the 9th, when I was again sent for, about 9 A.M.; was told that, in a few hours after my visit on the 7th, the eruption passed away, but came on that morning at the same time of day as on the 7th; found him in very much the same condition as two days previous. Ordered the warm teas again, and thinking it to be of the periodical type, quinine was ordered. On the next day the eruption again passed away in a few hours, and has never returned since.

In both cases, the patient attended to his usual avocations on the well day.

In neither case could I find a cause in the ingesta, over-exertion, or a delicate skin.

Original Translations.

NOTES ON SYPHILIS.

Translated for THE EXAMINER, *from Le Progres Medical of Sept. 27th, and Oct. 11th*, 1873.

SYPHILITIC ULCERATIONS OF THE CERVIX UTERI.—Dr. A. Le Blond, in discussing these lesions, describes:

1st, *The Chancre.* — The soft variety is most frequently encountered in this location. The indurated sore, though actually observed, is regarded as of rare occurrence. M. Alphonse Guerin, though not denying the possibility of induration, considers that it can rarely be discovered by digital examination. M. Armand Despres, (on "Ulceration and Ulcers of the Cervix Uteri," Paris, 1869, p. 46) believes that induration never occurs in this situation; but this statement is contradicted by Ricord's observation of the fact, in a case where the cervix projected beyond the vulva. Soft chancres of the cervix are not only the more frequent, but are often succeeded by constitutional infection. They occur in the form of adherent ulcers, having a grayish base, irregular borders, and clean-cut edges, surrounded by a somewhat inflamed areola. They are generally multiple, almost always coalesce after a certain interval, and may become phagedenic. Bernutz (on "Syphilitic Affections of the Uterus," *Union Medicale*, 1855, p. 275) describes a variety of sore which he designates, "the diphtheritic chancre," characterized by a yellowish-gray secretion adherent to the base of the ulcer, and limited by projecting, red and clean-cut edges.

The same author describes a form of ulcerative chancre which is of rare occurrence. This species of sore invades the uterine cavity and excavates its tissues, very much as those ulcers of the male sex, which encroach upon the canal of the urethra.

The chancre is habitually seated, not at the summit of the neck, as is the case with simple ulceration, but at a variable point, and principally, as M. Marjolin remarks, at the point

of union of the vagina and cervix. In certain cases, according to Bernutz and Courty, the chancre is found in the canal of the cervix, and dilatation is requisite for its discovery.

The characters herein assigned to the different varieties of chancres are liable to be lost after a certain interval; and then they may present the appearance of simple inflammatory ulceration, mucous condylomata, or vegetations, resting upon a slightly indurated base, which might lead to a suspicion of cancerous degeneration. In these cases, the march of the disease is the sole criterion for accurate diagnosis.

In certain cases, the chancrous inoculation occurs at a point where there has been previous inflammatory ulceration; the chancre then loses its distinguishing features; but the surface of the ulcer generally becomes somewhat grayish, soft and fungous.

2d, *Mucous Patches.* — The second species of syphilitic lesion, occurring at or near the cervix uteri, is the "mucous patch," which is distinguished by an elevation of the ulcerated surface above the level of the mucous membrane upon which it is seated, the latter being of a pearly-white color. One of the chief features of these lesions is their contagiousness. After persistence for a variable period, under the form here described, they ordinarily change their features, and are not to be distinguished from simple ulcers.— *For the Author's appendix to his translation of Churchill's Diseases of Women.* 2d edition.

SYPHILIS AND RACHITIS OF THE NEW BORN.—M. Parrot considers that there are three essential characters of fully developed rachitis: 1st, decalcification; 2d, formation of spongy tissue; 3d, medullization. Decalcification affects all the bones, which become friable. The formation of spongy tissue presents the appearance of red granulations. Medullization occurs at the level of the spongy tissue, and in the case presented, affected the cartilaginous layer. If the cranium be examined, it will be found that the spongy tissue is in excess externally, in proportion as it is deficient internally. This fact gives us a point of departure from which we can proceed to distinguish the peculiarities of syphilitic bones in newly-born infants, and in those under one year of age.

Infants affected with this disease, have specific lesions of peculiar and different characters:

1st *Period.*—Very marked in children from one day to six weeks old. There is: (*a*) Exuberance of calcification at the extremities of the long bones; a chondro-calcareous zone, and peri-diaphyseal osteophyma, from about two-fifths to four-fifths of a line in thickness; (*b*) Gelatiniform degeneration of pre-existent tissues, involving both the cartilaginous and spongy portions. The bones are denser and more difficult of section than in normal conditions. The detachment of the epiphyses sometimes established, is not common to rachitis and syphilis.

2d *Period.*—Children from six weeks to several months old. (*a*) Occurrence of phenomena described above: osteophyma and gelatiniform degenerations; (*b*) Medullization and decalcification attack the primitive bone and the osteophyte. These modifications are well marked. There is, hence, a certain resemblance to rachitis, where these lesions are universally more pronounced. The *specificity* is

soon not to be distinguished; the toxæmia becomes less evident; an ordinary cachexia gradually results. For the purpose of diagnosis, the following summary of differential features is appended:

RACHITIS.	SYPHILIS.
Spongy tissue.	No spongy tissue.
Peripheric, spongy layers.	Layers of osteophytic bone.
Increase of diameter by formation of spongy tissue much less considerable.	Increase of diameter by osseous neoplasmic layers marked: (Inferior extremity of humerus; middle portion of diaphysis of tibia.)
Medullization and decalcification, considerable.	Medullization and decalcification scarcely noticeable.
No gelatiniform degeneration.	Gelatiniform degeneration sufficient for detachment of epiphyses.

3d *Period.*—It is, at this time, difficult to establish a distinction. An intimate knowledge of the first two periods is requisite. The lesions connected with the first tend to disappear; those which are common to syphilis and rachitis become exaggerated. Spongy tissue is to be found more frequently at the periphery, and less often at the extremities. Subjoined is a table of differences:

RACHITIS.	SYPHILIS.
No osteophytic layers.	Osteophytic layers, with interposed medullary lacunæ.
Increase of diameter by formation of spongy tissues only.	Increase of diameter by osteophytic layers, and by spongy tissue.
Bones more flexible.	

Evidently, it is the primitive characteristics which persist, and which must be the foundation for diagnosis. These are wanting in those bones where osteophytic layers are not formed. On the other hand, these layers may be completely destroyed by medullization. In such cases, certain bones, at a point of election (inferior extremity of the humerus) would present a considerable increase in thickness. We have never met with such cases, but must admit, theoretically, that they might occur. The rachitis would doubtless soon mask the syphilis. The toxæmia gradually subsiding, would, by degrees, lose its external traces; it would be overpowered in the rachitic cachexia. This is a species of morbid transformation—of pathological hybridity. The syphilis has, in some way, summoned to its side the rachitis, which commenced by combining with it, and concluded by gradually absorbing it for its own use and profit.

ABSENCE OF LESIONS OF VISCERAL SYPHILIS IN CASE OF DEATH FROM PYÆMIA.—*Discussion.*—The patient, G., fifty-one years old, had had, in youth, symptoms of scrofulous disease of bones; typhoid fever and syphilis in 1868 (papular syphilides, mucous patches, iritis, traces of former ulceration of the neck).

A vegetating villous tumor, as large as an apple, whose pedicle was attached to the posterior lip of the cervix, was removed June 21, 1873, by M. Despres, with the ecraseur. Death occurred in consequence of septicæmia, June 28th.

Autopsy made thirty-six hours after death, revealed evidences of decomposition, excessive tumefaction of abdomen, and discoloration of integument, lungs, spleen, kidneys and liver, which were full of blood and friable. In the lungs, numerous metastatic abscesses were found, but none in the liver.

The noticeable fact in the case was, that the woman, though syphilitic five years before, presented no hepatic cicatrices. The capsule of Glisson was intact, and the surface of the liver polished and smooth.

In the vesico-uterine cul-de-sac, about 150 grammes of a sero-puru-

ent liquid were discovered. The posterior wall of the womb was somewhat thickened, and, on section, the orifices of the uterine sinuses, widely opened, gave issue to a thick and creamy pus. The wound produced by the removal of the epithelioma, exhibited pits, from which, also, some drops of pus could be expressed.

The left cervico-vaginal pouch was thickened, indurated, and united with the neighboring cellular tissue; the uterine vessels, which were prolonged into this altered mass, were injected with pus. On the right side, the conditions were normal.

M. Despres remarked: The facts of this case are negative as regards the lesions of visceral syphilis; but I have recently had occasion to examine the body of a non-syphilitic patient, which presented numerous cicatrices of the liver, consecutive to the resorption of several hydatid cysts of that organ.

M. Charcot.— Such facts prove nothing as against the doctrines of visceral syphilis. The question rests precisely where M. Despres found it. It can always be objected, and with reason, that syphilis is fortunately not fatally injurious to the viscera; and, on the other hand, this should not invalidate the claim of other cases, in which a distinctive influence has been brought to bear upon the hepatic gland. The influence of syphilis in the production of exostoses is undeniable; and yet such lesions are not invariably discovered after death. This mode of reasoning is, therefore, extremely open to criticism.

M. Despres. — I insist upon the existence of a unity of facts which, when added to other unities, has the effect of a demonstration. Once, the discovery of hepatic cicatrices was sufficient to establish a diagnosis of *ante-mortem* syphilis. Cases have even been cited where cicatrices existed two years after the initial chancre. Medical belief seems about to return to these evident exaggerations. In the same way, every hypertrophy of the spleen, found under analogous circumstances, is claimed to be syphilitic. Now, the present case demonstrates the absolute falsity of these assertions, since the spleen is not enlarged.

M. Landouzy. — This last fact has not all the importance assigned to it by M. Despres. Because splenic hypertrophy is of diagnostic value in syphilis, it does not follow that a normal volume of that organ is proof positive against the existence of constitutional syphilis.

In Frerichs, Leudet, and Lancereaux there are reported twenty-eight cases of splenic hypertrophy in adults, manifestly syphilitic. In twenty-seven of these, the hepatic lesions were constant, profound, and classified as follows: Retraction, deformity, cicatrices, nodosities and cirrhosis. Cases of syphilitic megalo-splenia, coincide, then, with internal lesions of the liver; the second seem to command the first, as, in the drunkard's liver, and the cardiac liver, the splenic hypertrophy succeeds to the disturbance of the hepatic circulation.

If splenic enlargement has a certain value in syphilis, it certainly does not seem proper to argue anything from its absence; since we may have cutaneous, osseous, or visceral lesions of syphilis, without splenic complication, this organ appearing, generally, to become implicated only when profound and extended lesions

of the liver seriously derange the portal circulation.

M. Charcot.—The question is to be decided, not by discussion, but by facts. Does M. Despres admit the anatomical specificity of the syphiloma, or of the gummy tumor of the liver? I have often discovered, in the parenchyma of the liver, lesions corresponding to the descriptions of Virchow and Wagner. The question of cicatrices is different. These may be the result of retrogressive hydatid cysts, traumatic injury, and even, according to Virchow, of atrophic cancer. The diagnosis must necessarily be difficult; but it does not result that we must reject the possibility of gummy tumors of the liver, because every hepatic cicatrix is not necessarily of syphilitic origin.

M. Despres. — In an anatomical point of view, the so-called syphilomata are not to be distinguished from the lesions of lymphadenia and tuberculosis; and this is avowed by Virchow, who cites appropriate cases. In the majority of cases reported by M. Lancereaux, we discover the simultaneity of pulmonary tubercles. The question, then, arises: Is not the so-called syphiloma of the liver a tuberculous manifestation, or, rather, an evidence of modified syphilis in a tuberculous subject? I deny, absolutely, the existence of gummy tumors of the liver as specific products.

The president of the Anatomical Society (M. Charcot), closed the discussion by inviting its members to return with facts either substantiating or disproving the position taken by M. Despres. J. N. H.

Editorial Department.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

AT the regular meeting of the Society, held on Monday evening, January 12th, the following memoranda of cases in the Surgical Ward of Mercy Hospital was presented from the Comittee on Hospital Reports:

CASE I.—*Necrosis of femur; operation, after application of elastic bandage.*—The patient, a boy, twelve years of age, had had necrosis in lower half of femur for two years; general health good. The limb was bandaged firmly, from the toes to the upper third of thigh, and tied around at top of bandage, firmly, with five coils of heavy rubber tubing of about half an inch exterior diameter. The elastic bandage was then removed, the limb appearing perfectly blanched. Prof. Andrews then proceeded to operate, removing several small sequestra without any appreciable loss of blood.

The elastic ligature was now removed, causing, for a few moments some oozing of blood from the wound. At the same time a somewhat singular phenomenon occurred, which was the

appearance of a bright scarlet flush, from the toes up to the line of the ligatures, about as bright as in scarlatina. This lasted about ten minutes, and then faded away to the natural color of the skin.

CASE II.—*Amputation of middle finger at metacarpal articulation.*—Desiring to avoid hæmorrhage, and not having the elastic bandage or tubing on hand, the limb was raised to a perpendicular position, and the blood pressed out by vigorous stroking of the limb downward. The tourniquet was then applied, and the amputation performed with but little loss of blood.

CASE III.—*Fractures of Pelvis.*—A case of fracture through the middle of the crest of left ilium downward into the ischiatic notch; patient recovering without any appearance of dangerous symptoms. No especial treatment, but rest in a recumbent position.

Another case of fracture of pelvis was recently discharged from the hospital, recovery having taken place without any unfavorable symptoms supervening. The experience of Prof. Andrews goes to show that these cases usually make good recoveries when the viscera are not wounded.

CASE IV.—*Pott's Disease of Neck.* The case is being treated by the application of a brass armor, so to speak, moulded from a plaster cast of the neck and shoulders, taken with the head strongly flexed backwards.

CASE V.—*Empyema from gun-shot wound treated by drainage tubing.*—Is gaining flesh and strength, and in fair way to recover. Suppurative discharge is suppressed by daily injections of sol. carbolic acid, ten grains to the ounce.

Strictures of the Urethra.—Some cases under treatment.—Prof. Andrews usually treats by internal section, and subsequent frequent use of bougie. The most convenient instrument for very tight strictures is probably Maisoneuve's stricture-cutter. Owing to its delicacy of construction, however, it is constantly getting out of repair.

The clinical lecture on Delirium Tremens, which we print in another department of the present number of THE EXAMINER, was also presented to the Society from this Comittee, and called forth considerable discussion from the members.

Dr. Andrews remarked that he had just operated upon two additional cases of necrosis, the elastic bandage being applied as before described, and with the effect of completely preventing hæmorrhage; and, also, much facilitating the operation, by the bloodless condition of the parts.

Dr. Owens brought in, for the inspection of the Society, a boy about fifteen years of age, whose left arm had been amputated at the shoulder by the passing over it of a car-wheel. Some loose flaps of skin, and a projecting edge of the clavicle were trimmed off, and the arm dressed—the car-wheel making as clean and smooth an amputation as a surgeon could have done. No hæmorrhage took place after the accident, and the parts healed rapidly, leaving a good stump.

F. H. D.

TO SUBSCRIBERS.—During the past month, bills for the current year's subscription have been sent out to all who had failed to send in their renewals. Most of these have been responded to with gratifying promptness, and with a large list of new sub-

scribers. THE EXAMINER enters upon another year of assured success and prosperity. THE EXAMINER has never been published as a speculation, or as a money-making enterprise. All the income received from it is spent upon it, and, generally, somewhat more. Just as fast, therefore, as our subscription list increases, we are enabled to enlarge and improve the character of our issues. If our subscription list was double, we should double the size of our issues. There is no reason why this should not be done. It is a matter of personal interest to every one of our friends and subscribers. Let each one but try a little and obtain a few new subscribers for us in his neighborhood, and it will quickly be accomplished.

F. H. D.

OBITUARY. — DR. S. W. BUTLER, widely known to the profession as the editor and proprietor of the *Philadelphia Med. and Surg. Reporter*, died at his residence, in Philadelphia, on the 6th of Jan., of phthisis pulmonalis.

For over twenty years Dr. Butler had been engaged in editorial and literary work, in connection with the *Medical Reporter*, the *Half-Yearly Compendium*, and the other publications of his office.

The *Medical Reporter*, under his management, has become one of the leading and most successful periodicals of the country.

These publications will be continued, under the charge of Dr. D. G. Brinton, who has been for some time connected with, and assisting in, their management.

Correspondence.

SOME FACTS IN REGARD TO PRIVATE MEDICAL PRACTICE IN NEW ORLEANS.

TO THE EDITORS OF THE MEDICAL EXAMINER — *My Dear Sirs:*— After some deliberation, I have come to the conclusion that some facts in regard to private medical practice in New Orleans will prove interesting to your readers I have, therefore, determined that this shall be the subject for my first letter, reserving for future letters the discussion of hospitals and hospital experiences, medical institutions, societies, and other matters of general interest to our profession.

As in all large cities, a group of statistics which only represents the results of observations personal to a single practitioner, must be understood to possess but small claim to our confidence as exhibiting such results as would be shown if the aggregate statistics of the city could be studied. They also differ, even yet more widely, from the statistics gathered under the personal observation of other individual practitioners, according as the circumstances surrounding each may determine differ-

ent results. It becomes, therefore, necessary for me to say, in the beginning of my letter, that the surroundings of my patients are as favorable for successful results as can be obtained in any part of this city. My practice is almost wholly confined to the fourth, or "garden," district of the city, and yet is sufficiently central to afford very nearly, if not quite, as great a degree of exemption from the influence of swamp-poison as is found in the diseases of the most thickly populated portions of the town. With scarcely an exception, my patrons are in circumstances of life which enable them to procure everything necessary to the recovery and comfort of the sick. I am called at the earliest moment after development of attacks of sickness, and feel altogether unrestrained in regard to the amount of service I am to render to my patients. I am, therefore, governed on this point solely by my own ideas of expediency and propriety.

From the 1st of January, 1873, to date, I have prescribed for over eleven hundred patients in private practice. The exact enumeration on my visiting-list is nine hundred and forty-two; but, as this list is only kept for my convenience in rating my fees, it is far from representing the actual number of patients prescribed for. In all instances where more than one member of a family were sick at the same time, the name of the head of the family, and one number, were used to indicate all the services rendered. During the summer and autumn, dengue was epidemic; and, in many instances, whole families would be ill at the same time; I am, therefore, quite sure that eleven hundred is a reasonable estimate of the number of patients treated.

If we admit the correctness of this latter estimate, the deaths have been precisely one per cent. I wish now to call attention more particularly to these eleven deaths, with especial respect to their causation.

On January 30th, a girl aged eighteen years, who had visited the city for the purpose of participating in the festivities usual to that season, was suddenly seized with a chill. For the twenty-four hours ensuing, she refused to allow her friends to call in medical aid, assuring them that it was but an ordinary chill, returns of which she had frequently suffered in the intensely malarial region where she resided, and which she was in the habit of treating with domestic remedies. On the afternoon of the 31st, I was asked to see her. The first glance at the patient revealed the nature of her disease. An insufferable cephalalgia provoked incessant moans; the head was drawn backwards, and the hyperæsthesia—especially of the legs—caused her to scream with pain at every attempt to move them. The first steps of treatment looked to the subtraction of the malarial complication. Quinine, in ten grain doses, was given every fourth hour. At the same intervals, but at different hours, one-half grain of morphia, and one-fourth grain of extract of belladonna were given. The remedies were continued through the night; but neither sleep, nor respite from pain, was procured. On the morning of the 1st of February, one of the most skillful practitioners was requested to assist me in the further treatment of the case. This gentleman had just treated one or more cases of cerebro-spinal meningitis with chloral hydrate, and was quite pleased with its effects.

Accordingly, it was agreed to give the patient fifteen grains every half hour, until sleep resulted. Immediately after the third dose had been exhibited, we returned, in order to observe its effects. The patient expressed herself as being freer from pain than at any time since her attack. While very carefully noting her symptoms, we detected a slight intermittency of the pulse, with an occasional pause between the acts of respiration. Although these symptoms were so little marked that they might readily have escaped an investigation less critical than that which was instituted, they still clearly conveyed to my mind indications of commencing effusion. I awoke the patient from a slumber into which she had, for the first time, fallen, in order to determine if she was becoming comatose. She replied to my inquiries without hesitation, stating that she felt better; was sure that she could sleep; and that on my morning visit I would find her better. Within the following hour her friends observed that her breathing was less audible, and had hardly time to gather around her bed to witness a death as quiet as it was instantaneous. Was this death due to a sudden drowning of vital tracts of the cord, by a rapid effusion? or, did the chloral have anything to do in determining it?

This is the only case of cerebro-spinal meningitis which has occurred in my private practice during the present year.

The second death occurred, also, on the 1st of February, from tubercular meningitis. It was in the case of a female child, aged twenty-two months, and had been brought here from Iowa by its parents, one of whom had been ordered to a Southern climate on account of tubercular disease.

The third death occurred on the 25th of February, in the person of a public official, from chronic dysentery. This man was sixty-three years old, and had led a very irregular life. Although, as you are aware, chronic dysentery is far more common in this climate than yours, my experience has brought me to believe that, in this city at least, it is rare, except as resulting from uncured acute attacks, occurring in the country, or from excessive use of alcoholic drinks.

The fourth death took place on the 21st of June; a man aged sixty-five; of chronic gastritis, of long standing.

The fifth and sixth deaths took place on September 3d and 28th, and were returned as having been due to congestion. Both were children between four and five years of age. The first was the son of a physician. He began to complain on the second day of September, with symptoms which were supposed to denote gastric, or intestinal derangement. On the 3d of September I saw him in the forenoon, and found him somnolent and lethargic. When aroused, he replied to questions, and took the drinks which were offered him, swallowing them without difficulty, relapsing immediately into a state of quiet stupor In the early part of the night, one or two convulsions occurred, and death speedily followed, preceded by complete coma. I presume that such a clinical history in your latitude would be interpreted to denote effusion, either from a tubercular or syphilitic diathesis, or from traumatic causes. Here, we have constantly to keep in view the fact that our atmosphere is liable to become the medium of trans-

mission of certain specific poisons, capable of producing "congestions," with all their varied phenomena. The parents, and other children of this family, are perfectly free from any diathetic taint, and so, also, no doubt, was the little patient himself. He had spent the previous summer in the country, where he was exposed to malaria. Then, again, within the ten days prior to his death, a fatal case of yellow fever had occurred, on the same street, and but a few doors from his residence. While we admit the fact that it is often impossible to assert a differential diagnosis between some cases of malarial fever, and some cases of yellow fever, previous to death, there are *post-mortem* changes of surface here so uniformly taking place in yellow fever, that we generally hold that death is due to some other cause, if the body does not become yellow after death. This *post-mortem* change did not take place with the little child.

The next death was in the person of a merchant, sixty-two years of age, whose heavy pecuniary losses and misfortunes had harassed him to an unusual degree. He awoke at three o'clock at night, complaining of great difficulty of breathing. I saw him at half past three, and found him propped in a sitting posture on the bed, with a scarcely perceptible pulse, cold surface, and a very rapid accumulation of secretion in the bronchial tubes. Death occurred in less than two hours. In making an official return of the death, I ascribed it to cardiac angina, leaving the question of structural disease unmentioned. Unless some evidence of organic disease is otherwise afforded, death from angina is not strictly positive proof of its existence.

The eighth death was from aneurism of the descending aorta, with pressure upon the left bronchus. A few slight hæmorrhages occurred about a month before death, which, however, were due to asthenia from continual pain and interruption of the functions of the lungs and heart. The subject was a merchant, fifty-nine years of age.

The next fatal case was one of chronic diarrhœa, in the person of a merchant, fifty-five years old, who had lived intemperately for some years of his life.

Then, on the 6th of December, a German, aged sixty years, died of cirrhosis of the liver. He died comatose, without any interruption of function, in any emunctory, sufficient to justify a diagnosis of the cause of the coma. Is there a condition of blood-poisoning entitled to the designation of choleseræmia? If so, does it possess symptoms so distinctive that the disease may possess a clinical history, and prove capable of diagnosis?

The eleventh death took place on the 7th of December, and was due to phthisis pulmonalis. This patient was a worthy and well-to-do negress, aged fifty years. This is certainly not a good climate for consumptives. Perhaps, we may say, with Bowditch, that it is too low—too close both to a river-bed and to the sea-level. But, while I say, quite positively, that the climate is not a good one for consumptives—meaning by this that they do not do well when the disease is already developed—further observation is required to satisfy me that the disease originates here in a ratio to other diseases, as great as is observable at the North.

I have now given you, very frankly, the fatal cases of a year's practice. If it should meet with your approval, I will, in my next, give you an equally candid account of my successes, more especially in acute cases, as, for example, pneumonia, and the essential fevers.

MEDICUS MERIDIONALIS.

New Orleans, Dec. 28th, 1873.

Gleanings from Our Exchanges.

PRACTICAL NOTES ON CUTANEOUS SUBJECTS.

By TILBURY FOX, M.D. LONDON, F.R.C.P.

From the London Lancet, Jan., 1874.

ALLEGED VACCINAL SYPHILIS.—I have no hesitation in announcing myself a firm believer in the occurrence of true vaccinal syphilis. I have satisfied myself clinically that it does occur. At the same time, I am quite sure that very many cases to which this designation is applied are in reality only instances of latent heriditary syphilis, excited by the vaccination, and in which the vaccination cannot in any way be fairly blamed for the occurrence of the syphilis. The cases which simulate true vaccinal syphilis are, however, often very successful counterfeits; and a difficulty in disproving that the vaccination itself conveys the syphilitic poison to the attacked, arises oftentimes from the inability to get at any history of syphilis in the parent or parents. The latter naturally try to shift upon vaccination the blame which they should bear themselves. The following case illustrates some of these points in a very admirable manner. It counterfeited vaccinal syphilis; but careful inquiry elicited the fact that the child had no doubt been fully syphilized before it had been vaccinated, and that the vaccination only *excited* the outbreak of the eruption. The father blamed the vaccination, conveniently as it turned out; for no doubt he had infected his wife just after marriage with syphilis. The case is as follows:

Dr.—— brought me a little child, aged one year and two months, with the statement that it had a rash all over it; and that the friends persisted in attributing it to vaccination. The child was vaccinated at three months and a half old; the rash appeared subsequently at the seat of the vaccination, in the first instance, and gradually spread over the body. The rash, suffice it to say, was both papular and tubercular, and consisted of little neoplastic formations of various sizes, some tending to ulcerate and to crust. The child was delicate when I saw it; but it is said to have been well until three months old, when it "had a bad cold, and got out of sorts."

The mother accompanied the child, and on inquiry I learned that this child is the only one she has living; that she has been married five years; that she had a miscarriage when three months gone in the family-way; that an exactly similar mishap was repeated after a while; that then she was prematurely delivered of a still-born child at the seventh month; that this was followed by another miscarriage at three months; and that subsequently the present child was born.

But, further, two months after her marriage she suffered from sores just inside the labia, and was treated for these for some time by caustic, etc. Recently she has lost all her hair, has suffered from violent headaches and deep-seated pains in the bones; the throat has been very sore, and her voice has been altered.

Remarks.—At first sight the case might readily have been regarded as one of vaccinal syphilis; but then there was this consideration to be attended to, that the vaccine vesicles healed up in the usual way, and did not themselves become chancrous or abnormally indurated, nor did they ulcerate. The syphilitic rash was at once excited around the inflamed part, and did not behave, *quoad* development, like a secondary rash. But when the history of the mother was inquired into, all doubt as to the source of the syphilization of the child was at an end. The syphilitic poison had been introduced into the mother's system just after marriage, and the child, as it seemed, exhibited its operation upon him just before the date of vaccination, viz.: when the child was three months old, in the commencement of cachexia, and in the presence of "snuffles." The pyrexia attending the vaccinia favored the development of the latent syphilis. The case is of considerable interest in relation to the question of vaccinal syphilis, and is one that might readily be mistaken for the latter by a careless observer. Happily in this case the source of the syphilis was more than usually plainly indicated.

On Cleft Palate.—T. P. Pick, Esq., records (St. George's Hospital Reports) eleven cases of this defect, with an account of the operation in each. In connection with the subject of hæmorrhage, Mr. Pick says a free amount of bleeding, during the operation, is rather a favorable symptom than otherwise; that in those cases where the bleeding is free, union will be found much more perfect than where the parts are anæmic and bleed more slightly. The hæmorrhage, he adds, is rarely so excessive as to produce any serious effect, either on the union of the wound or the health of the patient. Mr. P. does not favor the early operation, but believes it advisable to delay cutting as long as possible; *i. e.*, "as long as there is no fear of the child's acquiring defective articulation." Silk sutures were used for the soft palate, and silver for the hard, Mr. P. thinking the former more manageable than any other, more easily introduced, more readily secured, and much less likely to slip. He uses a perfectly pure silk, plaited, instead of the ordinary twist. He allows the sutures to remain for eight days, and, except in a single instance, when one of them produced a little irritation, has found no inconvenience from them. The after-treatment consists in giving as much *fluid* nourishment as the patient will take, with a fair allowance of wine, Mr. P. believing that, to obtain good union, it is of the first importance to keep up the patient's strength.—*Amer. Practitioner.*

Development of Cancer of the Skin. — (*Amer. Jour. of Syph. and Derm.*, from *Virchow's Archiv*). According to Carmalt, who has examined three carcinomatous tumors of the skin; the epitheleum of the hair follicles is the point of departure of the cancerous growth, which throws some light upon the cause of cancer of the skin. Fuhrer states that frequent and rough shaving is apt to produce cancer of the skin on the face. Out of 50 or 60 cases of cancer of the lip and cheek, occurring, recently, in the Breslau Pathological Institute, only two were in women, and not one case among men with unshaved beards. Carmalt supports the view of Waldeyer and others, regarding the historical origin of cancer, that every cancerous growth originates in the epithelial elements of the part, which opposes Virchow's views, that the cancer-cells are the equivalents of connective tissue corpuscles.—*Boston Med. and Surg. Jour.*

Book Reviews.

Books received through Jansen, McClurg & Co., Chicago.

THE Principles and Practice of Medical Jurisprudence. By Alfred Swaine Taylor, M.D., F.R.S., Fellow of Royal College of Physicians, Professor of Medical Jurisprudence and Chemistry in Guy's Hospital, etc. Second edition. Two vols. Philadelphia: Henry C. Lea, 1874.

This new edition of Dr. Taylor's well-known work on medical jurisprudence is one of the most complete and reliable treatises on this subject in our language. It is in two moderate-sized octavo volumes, bound in cloth. If you were to find any fault, it would be that some of the chapters are too diffuse, and enter into unnecessary details.

We wish, however, that every practitioner in America would procure this, or some other good work on the subject, and read it carefully. Almost every physician is liable, at some time, to be called into court as a witness; and nowhere else has our profession suffered more discredit in the estimation of the public than on the witness-stand.

In this work of Dr. Taylor's can be found not only the facts and laws pertaining to medical jurisprudence, but also all necessary rules for the guidance of practitioners in the investigation of cases and the giving of testimony. N. S. D.

A Handbook of the Theory and Practice of Medicine. By Frederick T. Roberts M.D., M.R.C.P., Fellow of the University College, Assistant Physician and Assistant Teacher of Clinical Medicine at University College Hospital, etc., etc. Philadelphia: Lindsay & Blakiston, 1874.

This is a neatly-printed volume of 1,052 pages, designed to contain a resume of practical medicine, in a concise and convenient form, for the use of students as a text-book. The author's style is clear, plain, concise, and methodical. He has overhauled all the topics usually included in works on practical and clinical medicine; and, though many of them are treated very briefly, yet, as a whole, the work presents a very fair digest of the prevalent views concerning special pathology and therapeutics. The publishers have not embellished it with any wood-cuts, or other illustrations. N. S. D.

Transactions of the Twenty-third Anniversary Meeting of the Illinois State Medical Society. Held at Bloomington May 20th and 21st, 1873. Chicago: Fergus Printing Company, 1873.

The volume of Transactions of the Annual Meeting of our State Medical Society, held last May, has finally made its appearance. It is a goodly volume of 268 pages, published in excellent style. Indeed, it has the best mechanical appearance of any volume heretofore published by the Society. It also embodies the first attempt to present, along with each paper, a report of the discusssions thereon. The effort appears to have been reasonably successful, and has certainly added much to the value of the work. We notice no less than *eleven* of those complimentary speeches — addresses of welcome, and replies thereto — which is rather too many, even if they were admitted to be good.

THE

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A

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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

THE ANTAGONISTIC EFFECTS OF BELLADONNA AND OPIUM.

READ BEFORE THE ALEXANDER COUNTY MEDICAL SOCIETY, DECEMBER 16TH, 1873, BY H. WARDNER M.D., CAIRO, ILL.

THE idea of neutralizing the poisonous effects of opium and its preparations by the administration of belladonna, was first brought prominently before the profession by Dr. W. F. Norris, in the October number of the *American Journal of Medical Sciences* for 1862.

There had been some cases of opium poisoning recorded, in which the free administration of belladonna, instead of increasing the narcotism appeared to supersede the action of the former on the system by substituting its own, so that, although given in quantities that would, under ordinary circumstances, be dangerous to life, the result of the antagonistic or combined action of the two poisons was the saving of human life, which would have been lost under the influence of *one*.

In reviewing the reports of cases, it is satisfactory to note that all are claimed to have been successful, save one reported by Dr. J. P. Chesney, who has the temerity to publish an unsuccessful case in the person of an infant of eight months, that had swallowed a grain of morphia four hours before medical aid was obtained. He used the cold douche; agitation; and tincture belladonna, in five drop doses, repeated at short intervals, which had the effect to dilate the pupils; but the case proved fatal at the expiration of six hours after taking the poison.

The November number of the *Chicago Medical Journal* for 1867, con-

tains the report of a case which, when first seen, was in a state of impending death. Atropine, two grains to the ounce of water, was given hypodermically, using three drachms at once, and repeating the injection twice. Conciousness was restored, when six grains of the solid extract of belladonna were given within six hours. The patient recovered from the effects of both poisons; but there was a complete loss of sight for eighteen hours from the effects of the antidote.

Dr. Marfit (*Half-Yearly Compendium*) reports a case in which the patient took ten drachms of Magendie's solution. An emetic was given within half an hour. The patient was seen by the doctor three hours later. He would answer questions, when roughly agitated and spoken to. Half a grain of atropine was at once given by the hypodermic method. External heat applied to the limbs; and coffee and brandy freely used. When he began to rally, one-sixth of a grain alc. ext. belladonna was given every four hours until the following day, when the recovery was complete.

The same authority also gives a report by Dr. Samuel Frank, of Philadelphia, of a case in which one-eighth of a grain of atropine was administered hypodermically to a man who had swallowed an half ounce of laudanum. The results were satisfactory.

Dr. E. A. Clark, in the *Medical Archives* for January, 1869, reports the case of a man brought into the hospital at St. Louis, in a comatose condition, after having taken *one* ounce of tincture opium. The battery was used to no purpose. The man was failing, when the doctor injected one-sixteenth of a grain of atropine, and repeated the dose in twenty minutes, and again in thirty minutes. The pupils soon began to dilate, and recovery followed without further treatment.

Dr. B. J. Wilson, in the *Journal of Materia Medica* for December, 1869, reports a case of narcotism by an overdose of morphia, hypodermically administered. The case was treated by the injection of *one-fourth* of a grain of atropine. This was followed by symptoms of the *toxical effects* of *belladonna*. The case finally recovered.

A case is reported in the *Medical and Surgical Reporter* of February 20th, 1869, of a woman aged forty-five, who had taken fifteen grains of opium. An emetic was given one hour afterwards, which was followed by twenty drop doses of the fluid extract of belladonna every half hour, until two drachms were given, and the pupils had dilated to their natural size. She was then left to sleep six or eight hours, when she was well.

In THE MEDICAL EXAMINER for August, 1870, may be found the report of a case of poisoning, in a man, by twelve grains of opium. When first seen by the doctor (T. Griffin), all sensation was gone; breathing three or four times per minute. A solution of atropine, one grain to the ounce was given, hypodermically, in small doses, every fifteen minutes, until one twenty-fourth of a grain was administered. The symptoms soon began to change, and the man recovered in nine hours after swallowing the poison.

Dr. Bucklin, in the *New York Medical Journal* for October, 1871, reports a case of poisoning by opium, in which death seemed inevitable, where, as a last resort, twenty drops of Flemming's (?) solution of atropine

was poured into the patient's mouth, and run down his throat, as he could not swallow. This was repeated twice, at intervals of half an hour. In four hours he was convalescent, and recovered, the dilation of the pupils lasting one week.

I have noted the reports of ten other cases of opium poisoning, all of them in a condition of impending death, which were successfully treated by belladonna as the principal agent, other means being used as deemed appropriate to each case.

I have recently had two cases. One, a man aged fifty-four, took twelve grains of morphia, for the avowed purpose of suicide. I saw the case about two hours after the poison was swallowed. Anæsthesia was perfect; the passing of the finger into the fauces and about the epiglottis, the handling of the naked eye-ball, and rough agitation, produced no effect. The breathing was heavy and labored; the face livid; lips purple; and the pupils had contracted to their smallest capacity. There was perfect cessation of all muscular action, except in those muscles connected with the circulation of the blood and respiration; and they were evidently slowly failing. The cold douche, was freely applied to the head, and one twenty-fifth of a grain of atropine given subcutaneously. This was repeated in fifteen minutes, and again in thirty minutes. There was yet no improvement. A little of the atropine solution was dropped into his right eye. At the expiration of fifteen minutes, there was a little dilation of the left pupil. External heat was applied about the limbs, which were growing cold. At the expiration of forty-five minutes from the last injection it was repeated, in a little larger dose, so that he got, in all, about one-fifth of a grain of the atropine. Shortly after the last injection, the pupil of the eye treated was well dilated; his symptoms changed; he became warm, and was soon in a profuse perspiration. A large quantity of water was now passed through the catheter. A little action of the eyelids was observed, when the eye was handled. The return to semi-consciousness soon followed; and in nine hours he was able to answer questions in monosyllables. The pupil of the right eye was largely dilated, until after the second day; the left pupil was not unnaturally dilated at any time. He fully recovered from the effects of both poisons in forty-eight hours. But he suffered from some severe burns on his feet, legs, and hands, caused by application of hot bricks, and bottles of hot water, made by his friends, who now frequently remind him that his sufferings from the burns are but a foretaste of what he was about to endure in the hereafter.

Another case was that of a "sporting woman," who had swallowed, as near as could be estimated, about seven grains of morphia. The treatment was, in all respects, similar to that of the above case, except that only one-eighth of a grain of atropine was given in all, and she was not burned by the hot applications. She will walk the earth awhile longer.

Of the manner in which the atropia acts in these cases, there may be different theories. It is, most probably, that of a diffusible stimulant, having an influence over certain nerve-centers which supersedes that of opium. Recent experience goes to show that it is also useful in restoring the functions in other cases of col-

lapse occurring suddenly from various causes, as cholera, chloroform, veratrum viride, or any agent capable of producing paralysis of the muscles of the heart and respiration.

Of the treatment of poisoning by belladonna, and stramonium, a few cases are recorded, in which opium has been equally successful when used as an antidote to these toxical agents.

Dr. Sinio, in the *Bulletin de Therapeutique*, reports a case of poisoning by a decoction of belladonna leaves, successfully treated by the use of laudanum, in frequent, full, medicinal doses.

The *Half-Yearly Compendium*, part 3d, page 48, gives the case of a colored boy, who, by mistake, took one-eighth of a grain of atropia, followed by the symptoms of belladonna poisoning. One-half hour afterward, one-fourth of a grain of morphia was given in an half ounce of whisky, and repeated in fifteen minutes, and again in one hour, and also in one hour and a half, from which time he was relieved and made a good recovery. The same authority gives the case of a patient poisoned by one grain of atropia. He was seen, by Dr. Fox, in twenty-five minutes, who treated him by hypodermic injections of one-eighth grain of morphia, every ten minutes, until the delirium was controlled, and he dropped into a quiet sleep, from which he awoke without a bad symptom.

The *Chicago Medical Journal* for December, 1868, gives the report of a case of a mother and two children, poisoned by drinking a decoction of stramonium seeds. They were treated successfully by laudanum and morphine.

Dr. Bernhard Kavanaugh saw two children, aged two and three years, in July, 1869, poisoned by fluid extract belladonna. They were treated by stomach-pump, and the injection of three and five drops of laudanum respectively, repeated every hour during the night. At the expiration of two days both had recoved.

Another case is reported by Dr. Drake, of Iowa, in which a woman took fifteen grains of extract belladonna. She was successfully treated by half grain doses of morphia every hour, until the pupils began to contract, when the intervals between the doses were gradually lengthened until reason was restored, which was in fifteen hours.

A case is also given by Dr. C. Johnson, of Baltimore, which was of poisoning, by two-thirds of a grain of atropia. It was successfully treated by the hypodermic use of morphia, aided by the stomach-pump, whisky, caffeine, and the battery.

There is also a case of poisoning by belladonna, used as a vaginal injection for the purpose of producing an abortion, reported in the *Michigan University Journal*, which was soon relieved by vaginal washes of laudanum, and small doses of the same, frequently repeated.

In the preceding extracts of reports it will be observed that those patients to whom was administered the larger doses of atropia as an antidote, suffered from the toxical effects of that drug after it had overcome the narcotisim, and that the smaller doses, frequently repeated, produced the most satisfactory results. It is to be regretted that those cases in which atropia has failed as an antidote have not been reported, if such there have been; and it is most probable there

has been more than *one* failure. As the subject now presents itself, scarcely a person should die from narcotic poisoning, if a physician is called while yet there is breath and any heart action remaining.

For an explanation of how one of these poisons should overcome the other, we must look rather to therapeutics than chemistry.

Drs. Mitchel, Keen and Morehaun, after a series of experiments and observations in the hypodermic use of alkaloids, remark that "Atropia has no power to relieve pain, while morphia has; and the nearer it is injected to the seat of the pain, the greater its power; and atropia has no power to lessen the action of the morphia in this respect. Morphia does not materially affect the frequency of the pulse, while atropia accelerates it, after the first ten minutes, from twenty to fifty beats per minute; and morphia has no power over atropia in this respect. The change of the pulse is accompanied by little, if any, change in the breathing. As regards the pupil of the eye, we know their effects are mutually antagonistic; but the effects of atropia are much more durable. The cerebral symptoms produced by one alkaloid may, to a great extent, be superseded by the other; but in consequence of the difference of speed of action, and the longer continued action of the atropia, it is difficult to obtain a perfect neutralization of effects."

Morphia causes death by the paralysis, first, of the nerves of voluntary, and then of involuntary, motion. The heart gradually loses its power; the capillary circulation fails in the extremities; the respiration becomes less frequent; and the blood is surcharged with the effete materials resulting from disintegration. Atropine, now, has the effect to stimulate the action of the heart, and restore the circulation; the organs of excretion, consequently, resume their work, and recovery follows.

As a rule for the use of atropia as an antidote to morphia, we may give, as a dose, one-fortieth to one-twentieth, every fifteen to thirty minutes, until the therapeutic effects are observed. As the pupils dilate, the narcotism will disappear; and, on the contrary, the wild delirium of belladonna and stramonium poisoning will disappear, and the nervous excitement subside as the pupils contract under the antagonistic influence of opiates.

CASE OF RESTORATION OF THE PERINEUM.

By J. T. Everett, M.D., Sterling, Ill.

WAS called, Sept. 20th, to see Mrs S., who had been confined, three days previous, under the care of another physician. The labor was said to have been severe and protracted.

The patient being a primipara, complete laceration of the perineum had resulted from the inelasticity of the soft parts. Found patient suffering intense agony; pulse 150 per minute; tongue furred and dry;

temperature 103°; bowels tympanitic; and complete suppression of the urine, with all the symptoms of an advanced stage of peritonitis.

I immediately put the patient on half grain doses of morphia sulph., alternating with the following:

℞.—Quinia sulph., ʒ ss.
Tinct. verat viride, ʒ j.
Carbol. acid (95 per cent.), ʒ ss.
Aqua camph., ℥ ij.
M. S.—Teaspoonful every half hour.

Upon examination, found the labia of a dark congested hue, and emitting a foul odor, as though putrefactive changes had already commenced taking place; and the abdomen of a deep red hue, showing the extent of the peritonitis.

Thinking the case a desperate one, I held out but little hopes of recovery for the patient, but told the friends I would do all I could for her. I caused cloths to be wet with a solution of fifteen per cent. carbolated alcohol, and laid on the abdomen and labia, after having syringed out the vagina with the same.

Sept. 21st, 10 A. M.—Found patient still suffering considerably; pulse 140; temperature 102°; respiration labored and short, with intellection impaired, as at first visit; skin hot and dry.

Sept. 21st. 5 P. M. — Patient easier, but still suffering much pain, notwithstanding the amount of sedative she had taken; pulse 135; temperature 102°; respiration easier, and with moist rales. Continued same medication, and catheterized patient, obtaining about six ounces of thick, turbid urine. Ordered chloral hydrate, twenty grains, at bed-time, to be given in two doses, and to be followed, in one hour, by morph. sulph., one grain, if quiet was not produced.

Sept. 22d, 9 A. M. — Patient slept several hours during the night, and seems much refreshed; pulse, 120, and soft and less throbbing; mind clearer and more hopeful; temperature, 101½°; respiration, easier and free.

Used warm saponaceous enema: procured free movement of the bowels; ordered the following:

℞.—Carbol. acid, ʒ j.
Alcohol, ℥ iv.
Glycerine, ℥ iv.
Aqua, pure, ℥ x.
M. S.—Wash out vagina daily.

Catheter procured good quantity of urine, less turbid, and of less offensive smell than that voided on the day previous.

Sept. 22d, 8 P. M. — Found pulse more full, and bowels tympanitic, with much pain, and considerable mental uneasiness. Gave pulv. opii, two grains, and pulv. camph., five grains. Owing to case of labor in the country, did not see my patient again until

Sept. 23d, 2 A. M. — although had been sent for several times during the night. Found patient delirious, with pain; pulse, rapid and thready; temperature increased; and respiration hurried and gasping. Was at a loss to know what was the cause of these untoward symptoms.

Ascertained that patient had lifted her babe over herself in bed, and that immediately pain commenced. Examination showed uterus crosswise on the floor of the pelvis; os at sacrum; and body at pubis, pressing against the bladder.

Replaced uterus, and washed out vagina with strong solution of tannin,

and gave subcutaneous injection of morph. sulph., one grain; aconitia, one-tenth grain.

Sept. 23d, 4 P. M.—Patient rational and easier; but not narcotized in the least by the heroic treatment. Has slept considerably during the day; pulse 110, and soft; skin moist; temperature 100°; tongue red, but moist.

Sept. 24th, 10 A. M.—Patient easier, and fever nearly all gone; pulse 100, and soft; patient sweating profusely. Catheterized patient, obtaining about one pint of high-colored urine. Gave oleaginous enema: produced good stool; gave a powder of one-half grain morph. and three grains quinia, every two hours, alternating with

℞.—Spts. ether. nit., ℥ ij.
Liq. ammon. acet., ℥ j.
Tinct. opii camph., ℥ j.
M. S.—Teaspoonful.

Sept. 25th.—Patient doing nicely, and pulse coming down: 95, and soft; perspiration free, but not too profuse; temperature normal; with secretions nearly natural.

Sept. 26th.—Patient able to pass water without catheter, and takes some nourishment with relish.

From this time on, the patient made a slow recovery, on account of the extensive sloughing of the labia and perineum; but by the 15th of October, the patient had so far recovered that I advised an operation for the restoration of the perineum.

The patient objecting to the use of an anæsthetic, and also to counsel, I proceeded, with the help of a good, sensible woman as an assistant, to operate in the following manner:

After having carefully pared the edges of the cicatrized wound, I introduced five silver sutures, bringing them over a piece of elastic catheter, on either side of the wound, drew them well up, and clamped them with lead clamp; and, strange to say, the patient never uttered a word of complaint until the last thing was finished, when the *grit*, which had hitherto sustained her through all, gave way in a copious flood of tears.

Placing the patient on her back, and introducing a glass catheter, with drainage-tube attached, I left patient on a tonic of iron and quinia; and in seven days the wound was healed, so that the catheter was dispensed with altogether; and, on the ninth day from the operation, the sutures were removed, and patient made a very rapid recovery.

I report this case, not for any originality or skill in the surgery of the case, but to show the power of endurance of a frail woman; and, primarily, to urge heroic doses, and prompt, energetic treatment, in cases of peritoneal inflammation.

We, as a profession, are too prone to give minimum doses, and to pander too much to the taste and disposition of patients, even in grave cases.

THE difficulty of getting rid of enuresis in young people is sometimes very great. In regard to remedial measures, Dr. Brugelman, led by an article in the *Berlin Klin. Wochenschrift*, resorted to syrup of the iodide of iron, frequently through the day, with every success.

A CASE OF DIPHTHERIA SUCCESSFULLY RELIEVED BY LARYNGOTOMY.

REPORTED BY H. A. JOHNSON, M.D.

ALICE Wrenn, aged three and one-half years, had been in poor health during the summer of 1873; was sent to the seashore; did not improve there; was taken into the mountains of Eastern New York, where she improved materially; came home about the 1st of October, 1873, in pretty good health. On the 17th of November, she began to complain of headache, and had fever. She was treated for "sore throat," by a homeopathic physician, from November 17th to November 27th. The mother and father state that she had a coating of whitish matter over the back part of the mouth. She had some difficulty in swallowing, during this time, and some swelling of the glands of the neck; and, on the evening of the 26th, began to be hoarse. On the 27th, at 10 P. M., I saw her, with Dr. H. N. Hurlbut, who had been called to attend the case. She had, then, great difficulty of breathing, both of inspiration and expiration; voice nearly extinct; patches of diphtheritic membrane were attached to the fauces and soft palate; the portions not covered were of a dark, livid color; pulse small and frequent; temperature, in the axilla, 98½°; She was ordered sat. solution of potass. chlorate, with muriatic acid and stimulants.

Nov. 28th, 8 A. M.—Breathing still more oppressed; no improvement in any respect; pulse very weak and small; skin cooler and moist; no moist rales in the chest; voice, entirely extinct. At 9.30, Professor M. Gunn, who had been called in the morning, performed laryngotomy. There was considerable loss of blood, but she rallied; and a tube was inserted into the opening. Breathing soon became easy and free. A steam atomizer, with a solution of potass. chlorate, was kept in operation near the bed; and the temperature of the room was maintained at 80° F

Nov. 29th, A. M.—Some obstruction of the tube; removed it, cleansed it, and re-inserted it. Evening: some cough; had a little fever last night, and has a little to-night; has taken, since the operation, freely of milk; no medicine, except the solution of potass. chlorate, with the atomizer; sits up in bed and drinks.

Nov. 30th, A. M.—Has frequent paroxysms of coughing, with expectoration of dark, purulent matter; still takes milk; no bronchial trouble; the tube has been removed several times.

Dec 1st.—Expectoration through tube, liquid, bloody; more free than yesterday, still dark; takes food; atomizer kept in action, with water instead of the potass. chlorate solution, half of the time; had a bad time last night.

Dec. 7th.—She has been constantly gaining in strength; desires and takes solid food; cannot yet breathe through the glottis; in swallowing liquids,

some portion of them pass out by the side of the tube — this is accompanied with paroxysms of coughing; she sits up, and wants to be dressed; plays with her dolls and pictures; expectoration mucous, with occasionally small streaks of muco-purulent matter. The mother and grandmother have for several days had sore throat, with swelling of the glands of the neck, and difficulty in swallowing.

Dec. 11th. — She had, at twelve o'clock last night, a severe spasm of coughing, with spasm of the thoracic muscles. This seemed to prostrate her very much. In the morning, removed the tube; she breathes quite easily through the nose and mouth; took her breakfast well; fluids still tickle the larynx—a few drops appearing at the opening made by the operation.

Dec. 14th.—She has been steadily gaining strength; appetite good; coughs less; expectoration mucous; is still troubled in swallowing liquids; no difficulty with solids; has gained in strength, and apparently in flesh; breathes almost entirely through the natural passages; the opening at the point of operation very much contracted.

Dec. 18th. — Opening completely closed; coughs but little; drinks better, but still some spasm of the glottis, unless the quantity of fluids is very small, and the act of swallowing performed slowly; speaks still in a whisper, but occasionally a slight sound is made; appetite good; amuses herself with her toys.

Dec. 25th.—Speaks aloud with ease, but the voice is a little husky; limbs weak.

Jan. 7th, 1874. — Is gaining in strength; voice good; recovery complete. Mother and grandmother, and child with grandmother, had diphtheria.

Translations.

TREATMENT OF PNEUMONITIS.

By Dr. A. Hermann, of Pesth.

Translated for The Examiner, *from the Allgemeine Wiener Med. Zeitung, by* H. Gradle.

INDUCED by the pamphlet of Juergensen, on the treatment of pneumonitis,* the author gives us, in this article, the result of his experience in that disease, in a form valuable on account of its accuracy and minuteness. Between July 1st, 1866, and Dec. 31st, 1872, one hundred and eighty-six cases of pneumonitis were treated in the hospital at Pesth, a number perhaps not very large, but still almost equalling the basis of

* Clinical Lectures, edited by R. Volkmann, Grundsaetze fuer die Behandlung der Croupoesen Pneumonie von Th. Juergensen, 1872.

Juergensen's conclusions. To avoid any misinterpretation, the author plainly states, that by the term pneumonitis, he refers to *the acute affection, complicated with fever, in which a fibrinous exudation takes place into the alveoli of the lungs, and in which the fever has a definite type*, i.e., *running its course in a more or less distinct cycle.*

This definite cycle can, however, be observed only when the disease affects a previously healthy individual, and is uncomplicated, since its natural history would be adulterated, so to speak, by any intercurrent trouble. Neither ought secondary *croupous* inflamations of the lung be studied in this connection, as the clinical appearances do not present such well-marked limits; besides, the impression left on the system by the preceding illness, or even the lingering of the morbid process, materially affects the character of the supervening pulmonary disease, and leaves us in doubt as to the origin of the gravity of symptoms, whether caused by the primary or secondary malady. In fact, not unfrequently is it difficult to establish the very presence of the disease turning the course of typhus, scarlatina, variola, etc. The thermometer, so deserving of just reliance, though indicating a variation from the normal history of these disorders, seldom, if ever, enables the observer to render a positive diagnosis. This circumstance the author holds responsible for the discrepancy in the statements of different writers. For this reason, though acknowledging that phthisical and malarial patients may present the distinct cycle, all impure cases (23) have been excluded from the analysis, leaving for consideration one hundred and sixty-three typical ones, divided among one hundred and thirty-two males and thirty-one females.

The twenty-three complicated cases in whom the cycle was also not ill-defined can be tabulated, as regards the concurrent affection: as

Pulmonary phthisis	9	Sarcoma of the sub-maxillary bone,	1
Pneumorrhagia,	1	Syphilis,	1
Erysipelas,	1	Intermittent fever,	1
Pericarditis,	1	Pleurisy,	1
Chronic cystitis,	1	Relapsing fever, with metastatic parotitis,	1
Variola,	1		
Bright's disease,	1	Total,	22
Typhus,	1	(One case omitted by the author.)	
Icterus (bilious pneumonia),	1		

Any practitioner accustomed to making careful records of his cases, soon recognizes that the distinct cycle, previously defined as essential to pneumonitis, is generally very manifest; thus, in forty patients observed, in whom the frequency of the pulse and the temperature of the axilla were twice daily ascertained, viz.: 8 A.M. and 5 P.M., defervescence took place, when counting the beginning of the disease, from the time of the first rigor, or the day when the patient sought the bed:

On the 3d day,	1 time	On the 9th day,	4 times
" 4th day,	1 "	" 10th day,	1 time
" 5th day,	5 times	" 11th day,	2 times
" 6th day,	6 "	" 12th day,	1 time
" 7th day,	12 "	" 16th day,	1 "
" 8th day,	5 "	" 21st day,	1 "

The termination of these cases was, in all, a happy one; and though the entire number is somewhat limited, it suffices to demonstrate the regularity of duration reported by other observers. Defervescence occurs most frequently on the seventh day; and within the first seven days, no less than twenty-five patients had convalesced. The eighth day brought relief to five persons, and the ninth to four; thus the majority of cases enter on convalescence within nine

days, while but few endure the affection for a longer period. The manner of defervescence separates the cases into two groups; in the first of which the apyrexia is rapidly produced, and the interval between a morning and evening visit decides as regards the result.

The return of the animal heat to the normal standard is accompanied by a corresponding diminution of the frequency of the pulse, when a favorable issue is apparent; and this rule seems so constant, that a simultaneous *increase* in the rapidity of the cardiac contractions justifies a grave prognosis.

Frequently, though by no means always, was the approach of a happy termination preceded by copious perspiration, especially on the face and trunk. As representatives of this group the following cases may be cited:

CASE I.—E. L., laborer, aged twenty, entered hospital January 5, 1872, with inflammation of the right lung; discharged January 19, 1872.

3d day, evening, T 102.9 P 108.	5th day, evening, T 103.1 P 104.
4th day, morning, T 102.9 P 104.	6th day, morning, T 103.1 P 108.
4th day, evening, T 103.3 P 100.	6th day, evening, T 104.7 P 108.
5th day, morning, T 102.9 P 100.	7th day, morning, T 97 8 P 64.

CASE II.—H. C., aged sixteen, entered November 8, 1871, with pneumonitis of the left side; discharged December 1, 1871.

3d day, evening, T 102.2 P 112.	8th day, morning, T 103.2 P 112.
4th day, morning, T 102.5 P 120.	8th day, evening, T 103.6 P 120.
4th day, evening, T 103.3 P 116.	9th day, morning, T 103.3 P 120.
5th day, morning, T 104.3 P 120.	9th day, evening, T 102.4 P 120.
5th day, evening, T 104.7 P 120.	10th day, morning, T 103.1 P 120.
6th day, morning, T 102.9 P 112.	10th day, evening, T 104.1 P 128.
6th day, evening, T 104.5 P 132.	11th day, morning, T 102.7 P 120.
7th day, morning, T 104.1 P 132.	11th day, evening, T 104.0 P 120.
7th day, evening, T 104.0 P 120.	12th day, morning, T 98.2 P 88.

CASE III.—A. S., aged forty-one, entered May 16, 1872, with pneumonitis of right side; died May 20, 1872.

3d day, evening, T 101.4 P 112.	6th day, morning, T 98.9 P 116
4th day, morning, T 102.3 P 116.	6th day, evening, T 98.6 P 124, almost imperceptible.
4th day, evening, T 102.9 P 112.	7th day, 8 A.M., T 98.0 P 116, almost imperceptible.
5th day, morning, T 98.9 P 120, small.	7th day, 10 A.M., death.
5th day, evening, T 99.6 P 124.	

A second class is constituted by cases in which defervescence is a gradual process, an interval of at least thirty-six to forty hours elapsing before the decline of temperature has reached the normal standard. As samples of this class of cases, the following tables may be cited:

CASE I.—H. B., aged twenty-five, April 7–27, 1872; inflammation of right lung.

2d day, evening, T 102.9 P 108.	5th day, evening, T 103.6 P 104.
3d day, morning, T 103.2 P 104.	6th day, morning, T 103.1 P 100.
3d day, evening, T 103.1 P 96.	6th day, evening, T 101.2 P 108.
4th day, morning, T 102.9 P 100.	7th day, morning, T 99.6 P 96.
4th day, evening, T 104.0 P 108.	7th day, evening, T 100.7 P 84.
5th day, morning, T 102.5 P 190.	8th day, morning, T 99.3 P 72.

CASE II.—M. K., aged twenty-eight, April 10–30, 1872; disease of right lung.

3d day, evening, T 103.2 P 112.	5th day, evening, T 101.6 P 96
4th day, morning, T 102.9 P 108.	6th day, morning, T 100.4 P 88.
4th day, evening, T 102.9 P 104.	6th day, evening, T 100.2 P 84.
5th day, morning, T 101.8 P 100.	7th day, morning, T 98.0 P 76.

Though deviations from these two types do occur, they only serve to establish the rule; but other signs and symptoms, as abnormal appearances revealed by auscultation and percussion, continue to persist for some days, only when the febrile condition was of but three days' duration.

The doctrine, however, of Juergensen, that symptoms, resembling in their clinical aspect the commence-

ment of pneumonitis, may have disappeared completely in twenty-four to thirty-six hours, the author hesitates to accept, not daring to give a positive diagnosis, unless confimed by the subsequent history, since, under such vague circumstances, therapeutic measures could not be fairly criticised.

A correct estimate of the efficacy of any therapeutic measures can, rationally, be only formed by a comparison of results with the undisturbed course of the disease in question; and only he who has dared to study the true "natural history" of an affection, can legitimately boast of the success of his treatment. A rude comparison of cases under different remedial influences, is by no means an unequivocal basis for conclusions such as Juergensen (loc. cit.) has arrived at, since a large variety of circumstances may alter the conditions attending the cases.

As before stated, the author analyzed one hundred and sixty-three cases of genuine pneumonitis, of which twenty-five succumbed to the disease, thus making the mortality 15.34 per cent. Of twenty-three cases, previously cited as being complicated, there were five deaths, increasing the fatal termination of one hundred and eighty-six to thirty, or 16.13 per cent. Apart from treatment, the author now enters into statistics of facts. Of one hundred and sixty-three genuine cases, there were:

Inflam'n of right lung,	81,	with 12 deaths,	or	14.81 p.c.
" " left "	50,	" 3 "	"	6.00 "
" " both "	20,	" 5 "	"	25.00 "
Not known which side affected,	12,	" 5 "	"	41.67 "

This compilation proves disease of the left side to present a more favorable prognosis than the affection of the right, and especially the involvement of both lungs. Similar results are also obtained from the analyses of other writers. It is evident that the extent of infiltration must determine the gravity of the affection. The greater size, therefore, of the right lung, would increase the danger, if infiltrated with œdematous exudation; which is, besides, more likely to occur on that side, from the relatively greater length of the right pulmonary vein, augmenting the resistance to the return of the arterialized blood to the heart. As regards age, one hundred and sixty cases of uncomplicated pneumonitis, whose age was ascertained, showed the following relations:

Of 1 case at the age of	9 years,	no deaths.			
" 41 " " " "	11-20	"	"		
" 43 " " " "	21-30	"	4	"	or, 9.30 p.c.
" 27 " " " "	31-40	"	1	"	" 3.70 "
" 15 " " " "	41-50	"	2	"	" 13.33 "
" 17 " " " "	51-60	"	8	"	" 47.06 "
" 9 " " " "	61-70	"	5	"	" 55.55 "
" 6 " " " "	71-80	"	5	"	" 83.33 "
" 1 " " " "	-94	"	no	"	

With the exception of the cases between thirty-one and forty years of age, whose small mortality may be an accidental occurrence, age steadily increases the tendency to a fatal termination, which is even more strikingly shown by this compilation:

Of 127 patients	below 50 years,	7 deaths,	or,	5.5 p.c.
" 33 "	above 50 "	18 "	"	54.5 "

(To be continued.)

Editorial Department.

DISSECTION OF A DOUBLE MONSTER LIKE THE SIAMESE TWINS.

THE recent death of the Siamese Twins, Eng and Chang, in North Carolina, recalls attention to this famous monster. These persons were born in Siam, and brought to this country, while children, for exhibition. They were connected by a band attached to the mesial line, and extending from the umbilicus to about the lower end of the sternum. By their continued efforts to avoid the inconvenient face-to-face position, they had gradually stretched the connecting tissue into a band long enough to allow them to stand side by side.

The newspaper account of their death is, that one of them was attacked by pneumonia, which proved fatal, and that the other, after great alarm and agitation, died two hours and a half later, of causes not clearly definable. The statement is also made that no *post-mortem* examination was allowed, but that the bodies were packed in charcoal, where, by last accounts, they were rapidly decomposing.

Some years ago, Prof. E. Andrews, at that time Professor of comparative, and demonstrator of human, anatomy, in the University of Michigan, received, from a physician of that State, a double monster, almost exactly like the Siamese Twins, which had recently been delivered under his care. The woman presented at the *os uteri* the cephalic extremities of two children, which seemed to be attached to each other in some mysterious way, so that the physician was unable to separate them enough to allow them to come down one at a time. After he had used his best endeavors in vain, by introducing his hand, the woman, by some tremendous uterine contractions, expelled them both together. The cord was still pulsating, but no respiration occurred, and the monster soon died. On examination of the uterus for the placenta, a third child was found present, which was dead when delivered.

Prof. Andrews carefully examined the bodies, so far as the connected parts were concerned. The attachment was, apparently, precisely like that of the Siamese Twins, commencing at the common umbilicus, and extending upward to near the point of sternum. On opening the parts, the livers were found to be firmly attached to each other, so that it might be correcly said, that there was one common double liver extending across from one body to the other. Below the connecting mass of hepatic tissue, the two abdominal cavities were separated by a thin peritoneal septum, which, however, had an oval opening of considerable size through it, so that the two cavities communicated freely

with each other. The stomach and intestines had no connection; and the hearts and lungs were, in like manner, entirely separate.

If the Siamese Twins were united like this pair, it is evident that any attempt to separate them must have proved fatal, a conclusion which accords with that of the European surgeons, who investigated the case of Chang and Eng.

The specimen dissected by Prof. Andrews was placed in the museum of the Medical Department of the University of Michigan, where it may still be seen, unless it has since been removed.

AGASSIZ. — COMMENTS OF THE FRENCH PRESS ON HIS WORK IN THIS COUNTRY.—Who will say, now, that "they do these things better in France?" Let the French themselves respond. *La France Medicale* of December 24, 1873, in an obituary record of the distinguished naturalist Agassiz, comments as follows upon his residence in this country·

"He found, among the Americans, co-operators who were ready to place at his disposal resources of every kind, infinitely superior to those which European States in general, and France in particular, allot to scientific research and instruction. Thus, on one occasion, being solicited in the public journals to undertake an investigation of the fishes of foreign seas, the voice of the press was so potent in its appeal that gifts poured in from every quarter, and at the end of a few years the collection at New Cambridge became the richest in the world. On another occasion, a special society was organized for the exclusive object of furthering an exploration of the rivers and coasts of Brazil, by the same naturalist, in the interests of ichthyology. Latterly, also, a wealthy American gentleman placed at his disposal an entire island, for the purpose of its conversion into a zoological garden. (!) In 1859, the French Government offered for his acceptance the chair of Paleontology at the Museum, vacated by the death of Dorbigny, but it was refused. No greater success attended similar efforts made in 1867. How, the deuce, could we expect that Agassiz would come to our poor France, where the entire amount of perquisites allowed for instruction of the most valuable character would not equal even the sums placed at his service by individual Americans, to enable him to prosecute his scientific researches?"

THE AMERICAN MEDICAL ASSOCIATION, AND ITS PRESIDENCY.—"In view of the coming meeting, the question very naturally comes up, and is frequently asked, who will the profession of *this State* put forward as their choice for the presidency, in case the Association tenders to it the *usual* compliment of electing its president from the State in which it convenes?"

We clip the above from an editorial in the *Peninsular Journal of Medicine* for January; and it, together with what follows it in the next paragraph of the article, shows clearly that our brethren in Michigan are in danger of committing the old error of assuming that, because the Association is to meet in Detroit, the presidency must belong to them. And the article from which we have quoted gives unmistakable evidence that they are already organizing their factions, and laying the foundation for a nice home quarrel.

We would suggest to our friends in the Peninsular State that they save themselves all such trouble, by remembering that the Association has not elected a president residing in the city or State where they were

holding the meeting, for the last eight or ten years; consequently, there is no such "*usual compliment*" as alluded to in the above paragraph.

And the most certain way to prevent such a *compliment* from being tendered for ten years to come, is for the profession in each locality to get well by the ears with each other before the time of the meeting.

PROF. GUNN'S SURGICAL CLINIC.—At the surgical clinic in Rush Medical College, on Saturday, Jan. 31st, Prof. Gunn operated on a case of necrosis of the femur, after the application of the elastic bandage and ligature. The necrosis, extending through the middle and lower third of the femur, had existed for three years. In the after-treatment of these cases, Prof. Gunn first keeps the wound filled with lint for two or three days; a plug of wax is then substituted, which can be removed at each dressing, and any further spicula of bone that may present be removed without the necessity of a second operation. As granulation proceeds from below, the wax is gradually shaved off from the lower edge.

Several other cases of interest were presented by the clinic, and some minor operations performed.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF JANUARY 26TH, 1874.

Reported by Plym. S. Hayes, M.D.

THE Society met as usual, in the parlor of the Grand Pacific Hotel, the President, Dr. Fisher, in the chair.

Drs. E. Andrews and W. Blanchard were elected to membership.

The Secretary read a paper by the President, Dr. Fisher, on the progress of medicine. The paper reviewed the advances made in medical science to the present time, and compared the slow progress of this science before the commencement of the nineteenth century, with its rapid advance since that time.

Dr. C. P. Simon reported the case of a young man who had taken about three drachms of tinct. opium. When discovered, three hours before the doctor was summoned, the body was motionless and pulseless. When the doctor arrived, he found the extremities cyanosed and cold; the neck and lower jaw rigid; the pupils dilated; and the iris brilliant and phosphorescent. No pulse could be detected; and there were no respirations. Upon applying the ear to the chest, the doctor thought he was able to detect pulsations, which averaged thirty to the minute. Ten minutes after his arrival the pulsations had entirely ceased.

Dr. Etheridge then related the following case of opium poisoning. When he first saw the patient, there were twelve stertorous respirations, and forty-eight pulsations, to the minute. After a time the respirations ceased entirely for about eighty seconds, after which they were resumed with an audible sound; and then the respirations, which were quiet and normal, gradually grew more and more shallow and stertorous, until they again ceased. The periods of cessation varied from fifty to one hundred seconds; while those of respiration continued to take place from eight to ten minutes. During the cessation, there was a tremor of the intercostal muscles. The restorative means used were the stomach-pump, and atropia given by the mouth. Half an hour after the atropia had been given, the pupils graually dilated until death occurred, eight hours after the doctor had been called.

Dr. Trimble cited two similar cases in which atropia and artificial respiration had been used; in one of the cases faradization had also been employed; both recovered.

Dr. Wilder related the case of a man who took of tinct. opium two drachms. Although emetics, belladonna, artificial respiration and friction were used, the patient died. The pupils dilated after the belldonna had been given.

Dr. Bartlett mentioned a case of poisoning from a belladonna plaster, which had been applied for threatened mammary abscess. The patient was taking morphine all of the time. He also related the case of a child who had taken one drachm tinct. opium. He was called soon after the drug had been taken, and not having a stomach-pump, filled the stomach with water, and then reversed the child, when the contents of the stomach escaped.

Dr. Etheridge stated that larger doses of opium and belladonna could be borne when given together, than when given separately, the toxic effect of the one neutralizing that of the other, and cited Dr. Brown-Sequard as authority.

Dr. Powell remarked that he uses, after an operation, one-half grain of morphia, and one-sixtieth grain of atropia, hypodermically; the action of the morphia being thus continued much longer than when given alone.

Dr. Trimble introduced a resolution requiring the President to appoint a committee of three on necrology at each annual meeting.

Dr. Danforth is expected to read, at the next meeting, a paper on the pathology of the late cholera endemic, illustrated by means of a solar microscope.

The Society then adjourned.

A DIFFICULTY IN FŒTAL AUSCULTATION.—Dr. J. Braxton Hicks calls attention to a point with regard to the diagnosis of pregnancy and the life of the fœtus, by means of the existence of the fœtal heart-sounds—which he had not unfrequently observed in the course of his practice, but which he does not remember to have seen in print—and summed up his observations as follows: First, that the number of vibrations of the abdominal muscles in a state of half-suspension can be distinctly counted, watch in hand; second, that their number and sound is so like those of a very rapid fœtal heart that they may be mistaken for them.—*Philadelphia Medical Reporter.*

Gleanings from Our Exchanges.

A REPORT ON THE PROGRESS OF OBSTETRICS AND OF GYNÆCOLOGY.

By William Goodell, M.D.

From Transactions of Medical Society of State of Pennsylvania, 1873.

The Abortive Action of Quinia. — The thrice-vexed question of the action of quinia upon the uterus has claimed a large share of attention. That this agent does sensibly excite uterine contractions can hardly be doubted; the evidence on this point is overwhelming. Yet it is uncertain whether the few reported cases of abortion under its use have been owing to this action, or to the paludal poison for which it was prescribed. The testimony here is so conflicting, that the *Societe de Medecine*, of Gand, in Belgium, has proposed the subject as a prize essay for 1874. After carefully weighing the evidence of his own experience and that of others, your reporter has arrived at the following conclusions: 1. That quinia, by producing intermittent contractions of the womb, has, in large doses, occasionally brought on an abortion in the very early months of gestation. 2. That it should not on that account, however, be withheld from pregnant ague-patients; for, other things being equal, an abortion is more likely to be induced by the visceral congestions and muscular succussions attending an attack of ague than by the oxytocic property of the antiperiodic. 3. That the uterine action of this drug is too slow and too uncertain to be relied upon in the emergencies of ante or post-partum hæmorrhages. But that, in decided doses, it will often prove of service in menorrhagic or metrorrhagic attacks. 4. That, like ergot, it acts most efficiently after labor has begun; a dose of ten grains being usually followed, in inertia, by a prompt return of the pains. 5. That, apart from its tonic and antiseptic properties, quinia is *par excellence* the remedy for puerperal disorders. By lowering the high temperature generated both by accelerated molecular metamorphosis and by rapid chemical combinations, it retards the oxidation of the tissues, hinders the formation of fibrinous concretions, and, therefore, prevents cardiac plugging. By contracting the walls of the womb, it tends to keep the protective coagula of the uterine sinuses from becoming loose and soluble, and to inhibit putrid and purulent absorption. Both by constringing the coats of the capillary system of blood-vessels, and by paralyzing the amœboid movement of the white blood-corpuscles, it presents, in puerperal fevers, an obstacle to fibrinous exudation and to the migration of the leucocytes into serous cavities.

The Delivery of the Placenta by Supra-Pubic Pressure. — Judging from our own experience and from the number of laudatory papers on this subject, Crede's method of delivering the placenta, or some slight modification of it, bids fair to take the place of every other. The plan which we adopt is as follows: At the maximum of the first uterine contraction after the birth of the child, the fundus of the womb is grasped, through the abdominal wall, between the thumb in front and the fingers behind. It is then to be both forcibly

squeezed and at the same time pressed downward and backward. By means of this uterine expression the placenta and membranes are usually at once detached and extruded. Sometimes, indeed, they will suddenly pop out of the vulva, just as the stone escapes when a cherry is compressed between the finger and thumb. Occasionally it will require two or more pains to effect this; but the sooner this plan is resorted to after the birth of the child, the more easy in execution will it be. Those who, like ourselves, practice this method, contend that it offers many advantages over any other. The risk of communicating any puerperal disease is lessened. The expulsion of the placenta and membranes by a *vis a tergo* is more likely to be complete, than by traction on the cord. The cord cannot be broken, as no traction is made on it. Adherent placenta is less frequently met with. The introduction of the hand into the womb is avoided, and so, also, as a consequence, is the ingress of air. Finally, the tonic and energetic contraction of the womb, following this manœuvre, prevents the occurrence of hæmorrhage or of unruly after-pains.

Bibliography.—Amer. Jour. of Obstetrics, Aug., 1871, p. 334; Transactions of the Indiana State Medical Society for 1871; Schroeder's Obstetrics, 1872; Medical Correspondenz-Blatt, 10, 1873; Lo Sperimentale, April, 1873.

PUERPERAL ECLAMPSIA. — By its property of diminishing the tension of the blood-vessels, and by thus relieving the intra-cerebral pressure, the nitrite of amyl bids fair to prove a valuable addition to our means for treating puerperal eclampsia. Dr. W. F. Jenks (*Philadelphia Med. Times*, Aug. 1, 1872, p. 404) reports a case in which, after two violent convulsions, he, at the suggestion of Dr. S. Weir Mitchell, administered by inhalation two or three drops of this agent, "when the premonitory twitching, the contracted pupils, and the convergent strabismus announced the return of a seizure. The effect was magical: the muscles relaxed, the strabismus disappeared, the face flushed, and the patient remained quiet for a longer or shorter time." Its use is, however, apparently attended by a partial paralysis of involuntary muscular fibre, for in the reported case a profuse post-partum hæmorrhage took place, calling for a uterine injection of a weak solution of the subsulphate of iron. This tendency to post-partum hæmorrhage we have, however, repeatedly seen in eclampsia. In another case, treated by the same gentleman (*American Supplement to the Obstetrical Journal of Great Britain*, April, 1873, p. 3), he hesitated, on account of this property, to resort to the nitrite of amyl. He was, however, successful by bleeding and by drastic cathartics.

The treatment of puerperal eclampsia still remains unsettled. The profession is divided into those who deem this disease to be caused by serous apoplexy, and those who attribute it to uræmic poisoning, or to nervous exhaustion — into those, consequently, who bleed and those who do not. The latter have, hitherto, had the large majority; but the signs of a reaction are manifest. There is, evidently, a growing tendency, first, to lessen provisionally the intravascular pressure by an early and full bleeding, before resorting to anæsthesia, narcotics, and the drastic cathartics. Upon the great value of the hydrate of chloral in controlling the convulsive attacks, we forbear to enlarge. This agent has so generally received the encomiums of the profession that it is needless for us to do more than to advert to its use, and we, therefore, subjoin but one reference (*Lancet*, April 12, 1873). With this remedy we like to combine the bromide of potassium in full doses. In the treatment of this disease it often becomes a very nice point to determine whether or not labor should be either induced or urged on. To decide this grave question, your reporter would diffidently suggest the following broad rules of guidance: If the convulsions are uncontrollable or the woman is

near to term, if the os has begun to dilate, or the face is œdematous and the urine loaded with albumen, then, as the case may be, either induce labor or hasten it on. Should these conditions not be present, the indication will be to avoid exciting the uterus to premature action. Either in inducing a premature labor, or in hastening on a labor already begun, your reporter has found nothing better than the hydrostatic bags of Dr. Barnes—the patient being kept profoundly anæsthetized.

Bibliography.—Fordyce Barker, *New York Med. Jour.*, Jan., 1871, p. 1; B. W. Richardson, *London Practitioner*, Nov., 1868, p. 274; W. F. Jenks, *Philadelphia Med. Times*, May 1, 1871, p. 285; A. W. Tupper, *Transactions of the New York State Med. Society*, 1872, p. 216; Joseph Carson, *Amer. Jour. of the Med. Sciences*, vol. lxi., 1870, p. 433; A. B. Steele, *Med. Times and Gazette*, Aug. 24, 1872; E. Montgomery, *St. Louis Med. and Surg. Jour.*, Sept., 1872; R. Barnes, *Lancet*, April and May, 1873, pp. 516, 619.

Dr. Brunelli on Electro-Therapeutics.—Dr. Brunelli (*La Independencia Medica*) has published the results of a three years' clinical treatment of nervous disease, at the Santo Spirito, in Rome. With respect to cerebral paralysis, of forty-two cases, eighteen were treated by Faradic electricity, eighteen with the galvanic current, and six by the mixed method.

Of the cerebral hemiplegias treated by Brunelli, those on the left side derived the less benefit from treatment—and especially was this the case where contractions were present frequently—whilst in the right side difficulty of speech was predominant, amounting, sometimes, to true aphasia.

In the second category, the author speaks of spinal palsies, of which, among these cases, he observed six monoparaplegias, and the rest double paraplegias; four of rheumatic origin (meningo myelitis); three produced by cerebro-spinal fever of short duration; three originating in circumscribed effusions of blood (all of which were of the character of monoparaplegia); two cases produced by gravileo-typhlitis; one by a wound; and the rest by inflammation, or parenchymatous myelitis, more or less acute. Many of these cases were cured by recourse to a mixed method.

The facial palsies, the rheumatic hysterical, or those caused by the traumatic lesion of the mixed nerves, which the author classifies among peripheric paralyses, have afforded numerous triumphs to electro-therapeutics. The gravest facial palsies cited by Brunelli were all cured, notwithstanding the age of some of these.

The author divides neuralgia into five divisions: there were five cases of sciatica, three brachial, two cervico-brachial, one of gastralgia, three lumbo-abdominal, one plantar, and one of sympathetic *tic*. The galvanic current, as usual, has given Dr. Brunelli satisfactory results; and in some of these cases the cure was very rapid, especially in rheumatic neuralgia.

With respect to cases of sclerosis in disseminated spots, ataxia, chorea, scriveners' palsy, the author does not seem to register any cure of these cases, although some were much alleviated by treatment.

Anæsthesia accompanied with pain, and simple anæsthesia, offer some cases of cure in Dr. Brunelli's clinique; and one case of ambliopia of the right eye is mentioned, with anæsthesia of the corresponding half of the scalp, cured by the galvanic current.

Idiopathic or peripheral contractions, according to the author, form the seventh category, of which he had only three cases; and in the eighth category, he presents us with different cases of convulsions, among which are epileptics. Of thirteen epileptics treated by the galvanic current, he cured two; three were notably benefited, and the rest remained *in statu quo*. The author used, for galvan-

ization of the brain, a Daniell's battery of from six to ten elements.

In the numerous patients affected with arthritis, whether simple or multiple, rheumatic or traumatic, the galvanic current produced those excellent results expected from it in such cases; so that Dr. Brunelli believes that many other inflammations, such as the rheumatic and traumatic inflammation of the joints, ought to be treated in this way. In cases where there is muscular atrophy of the affected limb, the author prefers to raise the nutritive powers by galvanization of the sympathetic. From the cases of progressive muscular atrophy treated by Dr. Brunelli, and the slight results obtained in this affection, he deduces that electricity is but slightly efficacious in combating this terrible disease. As little confidence has he in the treatment of pseudo-hypertrophic palsies.— *The Doctor*, Jan. 1st, 1874.

BILIOUSNESS.—Some day we may arrive at definite ideas respecting the conditions included under this term. At present, it is employed to mean almost any derangement of the chylopoetic process. In consequence of some experiments lately made in Germany, by injecting cholesterine into the circulation of animals, Professor Austin Flint, jr., who had long previously worked at the subject, has re-stated his views before the New York Academy (*Med. Record*. Dec., 1873). He says the elements of secretion do not pre-exist in the blood; but those of excretion do, and they are separated, not manufactured, by glands. He finds that cholesterine is always present in the blood, which gains twenty-three per cent. of this substance by passing through the brain, and loses as much by passing through the liver. He concludes, therefore, that it is excrementitious —formed in the nervous system, and removed by the liver. If this organ becomes disorganized, it accumulates in the blood; and the term cholesteræmia is justifiable. Having been separated by the liver, the cholesterine in the bile passes into the intestines, and there changes into stercorine, of which some ten grains daily are discharged.

Dr. Barker alluded to the several sluggish conditions termed "biliousness," and which had also been called "cholæmia," though they have never been properly explained. But, if cholesterine be really the effete *debris* of nerve-tissue, we can certainly understand the torpor, headache, and some other symptoms that appear to arise in over brain-work. Dr. Barker, too, has found convulsive cases sometimes depend, not on uræmia, but, perhaps, on cholesteræmia; and he has been successful by diverting attention to the liver, rather than the kidneys. Dr. Barker's name is a sufficient guarantee for his clinical facts; and it appears to us that the question of acting upon the liver is still one to be entertained, or, at any rate, that imperfect function of that organ may give rise to disease.—*The Doctor*.

EMPYEMA — PARACENTESIS THORACIS — RECOVERY. — M. H. Alderson, M.D., of Bath, Ky., communicates this case: "Philo Howe, twenty-seven years of age, and of rather delicate constitution, was attacked, February 25th, with right pleuro-pneumonia. Convalescence was established in two weeks, and I did not see him again until the 1st of April, when I found him suffering from great distention of the right pleural cavity; the right side of the chest was œdematous, as well as the feet and legs. Hydragogues and diuretics were administered, without benefit; and as the oppression in breathing was so great, on the 30th of April, assisted by Dr. Shaw, of Bath, I performed paracentesis, giving exit to six pints of pus. Tonics and stimulants were directed. On the 5th, and also on the 16th of May, the tapping was repeated, the discharge each time being as great as at the first. The last time, before withdrawing the canula, I introduced a rubber catheter through it; then withdrew the canula, bent the exter-

nal portion, and fastened it, by adhesive plaster, to the chest, and thus secured a continuous drainage for the fluid of the cavity. The discharge, varying in quantity from a few ounces to a pint daily, continued until June 20th, when, as it was scanty and entirely serous, I withdrew the catheter, and the aperture soon closed. Since then the man has been able to work as a farm-hand, and seems entirely well." — *American Practitioner.*

ELECTRICITY IN PARTURITION.— Dr. Ulisse Martemucci (*Lo Sperimentale*) says that already, in 1871, he had used electricity as an important assistant in cases of labor with uterine inertia, when ergot of rye had failed.

The method consisted, in one case, in applying the induced current, placing one electrode, with a moist sponge, on the right side of the abdomen, at the level of the umbilicus, and the other also, with a moist sponge, on the left, running over the abdominal muscles, first with the one and then with the other. In fifteen minutes the fœtus was expelled, dead, without the use of forceps, which are always dangerous. In the *Gazzetta di Torino*, 1873, he reports two other similar cases, in both of which the children were born in the best condition of health. Also, in eight other cases, he succeeded without the use of ergot. He observes that the labor takes place much more rapidly thus than when ergot is used, and that, in these eight cases, he never lost one fœtus; whilst with ergot he lost one in four. Hence, he derives the following corollaries: 1. By using electricity, the obstetrician has in hand a method of causing the cessation of uterine contractions whenever he chooses; whilst, when ergot is used, the action is constantly kept up. 2. When ergot is used, it is necessary that the labor should be speedily finished, on account of the fœticidal properties of the drug, because the fœtus and placenta are so comprised as to make circulation difficult. 3. By the electric current, also, the obstetrician can leave off by turns and again recommence the uterine contraction, which he cannot do in cases where ergot is used.— *The Doctor.*

PEMPHIGUS.—Picot (*Jahresbericht Gesammten Medicin*, 1873, from *Gaz. des Hop.*) strongly recommends the treatment introduced by Hillairet, and which resembles that for burns, described in the last semi-annual report. It consists in applying to the affected skin, bandages soaked in a liniment of oil and lime-water. In the two cases reported by him, the bullous eruption extended over nearly the whole body, and was accompanied by severe itching. The fever was considerable. Both patients were bound up, from head to foot, in wadding, soaked in the preparation, which was daily changed. The general condition improved, the temperature sank without internal medication, and, later, the fever entirely disappeared. The excoriations, arising from the bursting of the bullæ, quickly dried, and healed in a short time. In one of the cases, no new bladders appeared after six weeks, while, in the other, perfect recovery only followed in two and a half months. In the latter case, a new eruption immediately followed a few days' interruption of the treatment. Hillairet has pursued this method for two years, in eight or ten cases, and always with similar results. In two cases of pemphigus foliaceus, it was less favorable.— *Boston Medical and Surgical Jour.*

GLANDULAR ENLARGEMENT IN DIPHTHERIA.— M. Bouchut regards this complication as adenitis, with diffused inflammation of the surrounding tissues. The pus is slow to collect into an abscess; and when this is found, there is always deeper mischief. Nevertheless, Bouchut recommends (*Bull. de Ther.*) early opening as the surest mode of cure. If necessary, he uses a drainage-tube. These remarks apply to enlarged cervical glands in scarlatina and croup, as well as diphtheria.— *The Doctor.*

DIAGNOSIS OF STONE.—Dr. Henry H. Head, physician to the Adelaide Hospital, reports a case, in the *Irish Hospital Gazette*, July 15, 1873, in which auscultation was employed as an aid to diagnosis of stone in the bladder. He says: "I sounded his bladder, and was pretty sure I detected a stone, but did not think the evidence absolutely conclusive, when it occurred to me to try auscultation, to see if it would assist my diagnosis. I accordingly applied one end of an India-rubber tube to the top of the catheter with which I was examining him, and the other to my ear, and at once heard, with great distinctness, the instrument strike the stone." He afterwards performed many experiments with substances of various sizes and degress of hardness, placed in a bladder distended with water, and found the sense of hearing to be more delicate than the sense of touch. "Even a small piece of chalk, not larger than a pea, could be most easily detected; the slightest touch of the catheter or sound being conveyed to the ear, when it could not be recognized by the hand." The stethoscope "consists of a small vulcanized India-rubber tube, about eighteen or twenty-four inches long, to one end of which an ivory ear-piece is attached, similar to that used for ear-trumpets; and into the other end is inserted a metallic plug, with a tapering end protruding, which should be pressed tightly into the canal of the catheter; or, if a solid sound is used, the end of the tube, without the plug, may be fastened to it."—*Boston Journal*, Dec. 26, 1873.

THE GALVANIC WIRE IN SURGERY.—Do British surgeons avail themselves sufficiently of this mode of bloodless section? This may be doubted; and when we seek for the reason we shall soon find that it lies principally in the trouble with which the use of the wire is connected. Now, however, that bloodless operations have become popular, it behooves all those who have become conversant both with galvanic apparatus and surgery to devise means of simplifying this operative measure. A few days ago Prof. Boeckell, of the faculty of Nancy, showed, at a meeting of the Surgical Society of Paris, an apparatus with which he can graduate the force of the current, and remove tumors without shedding a drop of blood. M. Trelat, at the same meeting, spoke in favor of the instrument, but found fault with its complicated appearance, and brought forward one made by M. Trouve, and modified by M. Onimus, which is simple, and acts very satisfactorily. There are a great number of operations in which the wire cautery should be used, so as to save the patient loss of blood. As Esmarch's method can only apply to the limbs, we ought to see that operations on the head or trunk be performed, when advisable, by the galvanic cautery, which promises to be almost as saving of human blood as Esmarch's proceeding.—*London Lancet.*

SIR H. THOMPSON ON LITHOTRITY.—In an address on the "Future of Operative Surgery for Stone in the Bladder," delivered before the Midland Medical Society, Sir Henry Thompson prophesies the universal success and applicability of lithotrity in the adult. He said, if the stone be not larger than an ordinary nut, requiring only two or three crushings, a perfect result may be insured; and that he had operated upon sixty-three such cases, of a mean age of over sixty years, with no fatality.

Sir Henry's first deduction is:

"That the diagnosis of the presence of stone in the bladder, and of its size, is of the highest importance."

The second:

"That the operation of lithotomy must. in future, be rejected for all stones which are of moderate size."

The moral of the address being, as we understand it, that as our knowledge increases, all stones may be discovered while small, and, therefore, all may be certainly cured by lithotrity.

For the discovery of small stones, the lecturer advised that the patient

should make water a few minutes before sounding; and says that, in the whole course of his experience, he has not met with more than two or three cases in which the obvious early signs of calculus were absent.—*The Doctor.*

ASPIRATING PUNCTURE IN STRANGULATED INGUINAL HERNIA.—Case recorded by Dr. Albanese in *Gazetta Clinica di Palermo.*—Patient, thirty-seven, and suffering for three years from reducible inguinal hernia, suddenly presented signs of strangulation. Taxis was performed uselessly, and the worse signs came on: imperceptible pulse, fæcal vomiting, etc. The tumor was the size of a lemon, transparent, and sonorous on percussion. Taxis, after local and general anæsthesia, was again vainly tried. The mesial and external part of the tumor was then punctured. About four drachms of an alkaline liquid, without any smell, came away. Some gas escaped; reduction was not possible. The instrument was then introduced about one inch higher. Five drachms of fluid were then aspirated, and more gas escaped. Taxis became possible, and the patient soon recovered.—*London Lancet.*

REMEDY FOR CHRONIC HOARSENESS.—An eminent physician of Philadelphia contributes the following: In chronic hoarseness, arising from thickening of the vocal chords and adjacent membrane, the ammoniated tincture of guaiacum is often a very efficacious remedy. It may be appropriately mixed with equal parts of the syrup of senega, and a teaspoonful of the mixture given two or three times a day.—*Amer. Prac.*

REST IN LOCOMOTOR-ATAXY.—In the July number of the *American Journal of Medical Sciences*, Dr. Weir Mitchell insists on the great benefit of rest in the above disease. In cases of locomotor-ataxy in which the occurrence of various accidents, such as fracture of a leg, had compelled the patients to take absolute rest in bed during some time, the symptoms. and especially pain, were considerably amended, and in some instances the course of the disease was impeded or slackened. One case was experimentally conducted. A sufferer from an intense attack of the disease was subjected to absolute rest, without any other kind of treatment, and considerable amendment of all the symptoms was the result.—*London Lancet.*

Book Reviews.

A SYSTEM of Midwifery, including the Diseases of Pregnancy and the Puerperal State. By William Leishman, M.D., Regius Professor of Midwifery in the University of Glasgow, etc. 8vo; pp. 715. Philadelphia: Henry C. Lea, 1873.

It is difficult for the practical obstetrician to avoid looking with somewhat of distrust upon the pages of a new claimant for the honors of authority in his branch of science; and yet, in proportion as advance is made in general pathology, as well as in the practice of midwifery, must he expect to find that advance reflected in the works of those who are in position to be its exponents. In this light, we cannot but regard Professor Leishman's volume as a splendid contribution to the literature of his department of medicine, reflecting, as it

does, the opinions of the advanced school of English obstetricians, and one which is destined to be, for a long time to come, an accepted work of reference in both England and America. It is written with the hand of a master and a scholar; and his conscientious statement of his views, when they are at variance with those of German and British authors, is calculated to gain for them the respect and attention which they deserve. The treatise includes a discussion of "the Diseases of Pregnancy and the Puerperal State," illustrated with plates, which are not only excellent, but novel to most of the students of this country. Some of these are, it is true, borrowed, without due acknowledgment, from the superb atlases of Schultz and Coste; but this error may be said to be condoned by the publication of others which are original.

In 1864, Professor Leishman published an essay on the mechanism of parturition, in refutation of the opinions advanced by the brilliant Naegele, on the biparietal obliquity of the fœtal cranium in normal positions. This was almost his first introduction to the profession in this country; and the complete corroboration, subsequently, of many of his views, by eminent medical authorities, has led to an expectation of further researches by the same author, which the volume before us fully justifies and satisfies.

On the subject of anæsthesia, the concluding topic of Professor Leishman's treatise, he writes in a manner which indicates that the wise administration of chloroform in labor, is rapidly meeting with favor on both sides of the Atlantic. He says: "The question of anæsthetics seems to us to stand thus: in eclampsia, and some cases of mania, and in all cases of operative midwifery, it is, without exaggeration, invaluable. In ordinary cases, it is always to be used with caution; but, if employed in small quantities, on a handkerchief, at the approach of each pain, towards the termination of the second stage, it can never do harm. It thus allays pain and assuages nervous irritability; and, in the hands of the skillful practitioner, it is a power for good, and never for evil."

We do not propose to examine, in a critical spirit, any one of several portions of the work, which indicate that the author has bestowed upon them less labor than the subjects demanded; but desire to refer merely to his consideration of the so-called "obliteration of the cervix," at the close of pregnancy.

Dr. Isaac Taylor, of New York, is said to have first put forth the statement that the cervical canal, instead of becoming obliterated, was rather increased in its long diameter, at the close of pregnancy; but we do not know of any one who has so fully demonstrated the fallacy of the received doctrines on this point, and so clearly described the exact anatomical disposition of these parts, as Dr. John Bartlett, of this city. In a paper read by him before the Chicago Society of Physicians and Surgeons, July 14th, 1873, entitled, "The Cervix Uteri, before, during, and after, Labor," the following statements are made:

"All that part of the uterine walls projecting, in vertex cases, like an inverted dome, into the vagina, and which may be felt enclosing the head, is the largely developed vaginal por-

tions of the neck. * * * The vaginal portion of the cervix, at the time of the passage of the fœtus, is a collar of appreciable depth, not in the same plane with the vagina, but projecting into it. * * * After delivery, it (the vaginal portion of the cervix referred to above) may be felt as a flabby, floating collar, hanging from the uterus into the vagina, like a section of large intestine."

These statements have been confirmed by several observations of facts from most unexpected sources, which we have not space to detail.

All the plates, as well as the text, of Professor Leishman's work, present vividly to the eye the ancient doctrine of "obliteration." Plate No. 96 is, in fact, described as the "parturient canal completed by the *obliteration* of the os and cervix," and must have been designed solely from the imagined condition of the sexual organs, in the mind of the author. And yet, as in many recent obstetrical works, we can here also detect fugitive suggestions of error committed in this particular. He says, for example (p. 454): "In many cases, then, we are justified in passing the blades (of the forceps) within the uterus; and we apprehend that Dr. Ramsbotham's assertion is strictly correct, when he affirms that the forceps may be used in some cases in which as much as a third part of the circular margin of the os uteri can be felt; and there can be no doubt that, in a considerable number of cases, recession or retraction of the os, and especially of its anterior lip, does not occur immediately upon full dilatation, nor, it may be, for a considerable period thereafter."

We find no allusions to any of the American forceps, some of which possess, in our judgment, qualifications which render them far superior to the English instruments, both in point of facility of application and excellence of cutlery. Nor, indeed, do we find any allusion to the researches in the field of midwifery, set forth in the really meritorious works on the subject, recently published in this country.

We close by commending the book to every student and practitioner who desires to possess himself of the latest and most trustworthy information relative to the practice of eminent English obstetricians. J. N. H.

The Sphygmograph; its Physiological and Pathological Indications. The Essay to which was awarded the Stevens' Triennial Prize, by the College of Physicians and Surgeons, New York, April, 1873. Edgar Holden, A.M., M.D. Philadelphia: Lindsay & Blakiston, 1874.

This handsome volume, succeeding a previous essay by the author on that subject, is a complete treatise on sphygmographic technics; as an introduction to which we are made acquainted with Dr. Holden's improvements of the instrument. Varying considerably from Marey's device, —less in principle, indeed, than in construction—this apparatus is designed to supply a want in the practice of scientific physicians; and, if we can credit the statements as to its easy application and management, its reliable and durable mechanism, and its comparatively low cost — points which the description renders highly probable—the profession ought to be grateful to the author for his valuable contribution to the mechanical means of diagnosis.

As to the contents of the work, they are not far from the ideal which the

Doctor makes reference to—a complete dictionary of pulse-tracings. The great variety of sphygmographic writings, their accurate representation and description, as well as the clear style of the introductory chapters, entitle the book to a careful perusal and diligent study by every one interested in the progress of rational medicine. A more minute definition, however, of some individual pulse-traces, would have been desirable. The investigations into the action of drugs, by means of the instrument, are to be considered more as attempts in such a direction than as complete researches. Their chief value consists in showing what the sphygmograph may yet accomplish. Finally, without desire to depreciate the work, we cannot but notice the extreme tendency of the author to overestimate his results. Admitting that the tracings may be aptly compared to hieroglyphics, as regards the difficulty of interpretation, he shows great ambition to exceed the limits of usefulness of such a device. Apart, however, from any such over-estimation by the author, the treatise is a work deserving our just recommendation.

H. G.

Manual of Midwifery; including the Pathology of Pregnancy and the Puerperal State. By Dr. Karl Schroeder, Professor of Midwifery and Director of the Lying-in Institution in the University of Erlangen. Translated into English, from the third German edition, by Charles H. Carter, B.A., M.D., B.S. Land., Member of the Royal College of Physicians, London, and Physician-Accoucheur to St. George's, Hanover Square, Dispensary. New York: D. Appleton & Co., 1873.

The translation of "Schroeder's Manual of Midwifery" brings within reach of the medical profession a valuable work. The fact that it has reached the third edition—the second one having been exhausted in less than a year—shows to what extent it is being used as a text-book in Germany. Its contents are systematically arranged, and each subject is treated in accordance with the latest scientific and physiological researches. The author has given due prominence to the use of external manipulation as a means of diagnosis and treatment of the fœtal position, a subject which is considered to be of great practical value by the German obstetricians, and which has not received the attention by the obstetricians of this country to which it is justly entitled. At the end of each chapter, reference is made to the authorities to which the author had recourse in preparing his work, and which affords a valuable index to the literature pertaining to midwifery.

The publishers have executed their part of the work quite creditably; and were we inclined to find fault, it would be with the rather small print.

W. H. W.

BOOKS RECEIVED,

Through Jansen, McClurg & Co., Chicago.

A Dictionary of Medical Science, with the Accentuation and Etymology of the Terms, and the French and other Synonyms. By Robley Dunglison, M.D., LL.D. A new edition, enlarged and thoroughly revised by Richard J. Dunglison, M.D. Philadelphia: H. C. Lea.

Galvano-Therapeutics; a Revised Reprint of a Report made to the Illinois State Medical Society for 1873. By David Prince, M.D., of Jacksonville, Ill. Philadelphia: Lindsay & Blakiston, 1873.

Meigs & Pepper on Diseases of Children. New edition.

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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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OBSCURE CEREBRAL DISEASE.

CLINICAL CASES IN THE MEDICAL WARDS OF MERCY HOSPITAL. SERVICE PROFESSOR N. S. DAVIS.

AMONG the cases occupying the clinical class in the medical wards of the Mercy Hospital during the last two weeks, we select the following, as possessing features of special interest:

CASE I.—This is a laboring-man; aged about forty years; native of Ireland. He was admitted to this hospital eight or ten days since. He had previously been in the county hospital for a considerable time, and had complained of ill-health several months. At the time of his admission here, his countenance wore a dull, dejected expression; the surface was pale and cool; pulse soft, regular, and 75 per minute; respiration regular, but less full than natural; tongue clean; appetite variable; and urine natural.

When first visited, after his admission, he was lying in bed, on his back, with limbs extended, motionless, and apparently unable to speak. After repeated questions, and some shaking, he uttered, slowly, a few words. It appeared, from what could be gathered of his history from his friends, that, several months since, he began to complain of an almost constant pain in the region of the occiput and posterior fontenelle, with depression of spirits, mental apprehension, and, often, sleeplessness at night. These symptoms increased, until he was wholly unable to work, and was sent to the county hospital for treatment. In addition to constant pain in the posterior part of his head and mental depression, he would have periods, lasting from an

hour to a whole day, in which he would neither move nor talk, nor pay any heed to the fullness of his bladder, as though he was in a profound stupor; and yet, his respiration and circulation continued quiet, and he evidently heard much that was said to him. Almost every night he had one or more paroxysms of suddenly crying out with barking, or very unusual sounds, ending in alternately opening wide the mouth, and shutting it, with a few rapid protrusions of the tongue. These paroxysms generally lasted but a few minutes. He also complained of frequently seeing objects or persons in the room, and feeling the apprehension that the latter were coming to injure him. He was disposed to remain in bed; and, when induced to get up, his muscular movements were slightly unsteady, with occasional sudden contractions. There was some hyperæsthesia of the scalp, over the seat of pain in his head; and the pupil of the left eye was one-third larger than that of the right.

The patient had been accustomed, for years, before getting sick, to more or less use of alcoholic drinks, and tobacco. The pathology of the case was conceded to be obscure.

But the pain in the upper and posterior part of the head, the dilatation of the left pupil, the paroxysms of irregular muscular motion in the extremities, etc., suggested the opinion that there was a low grade of inflammation or irritation in the membranes covering the cerebellum, and extending to the tubercula quadrigemina. This suggested an alterative and mildly anodyne treatment. He was required to avoid all stimulating drinks; live on milk and farinaceous diet; and to take a teaspoonful of the following prescription each morning, noon, and tea-time:

℞.—Iodide of sodium, ʒ iij.
Bichlor. hydrarg, gr. j.
Fl. ext. conium, ʒ ss.
Syrup of wild cherry, ʒ ij.
Water, ʒ iss.—Mix.

He was also directed to take from fifteen to twenty grains of bromide of potassium, at bed-time, to secure better sleep.

He has now been under the influence of this treatment about ten days, and is certainly much improved. He complains of much less pain in his head; sleeps better at night; and his periods of mental abstraction and irregular muscular movements are less frequent and less severe; there is also a little less dilatation of the pupil of the left eye. The same treatment was continued.*

CASE II.—This is a boy, aged ten years, who has been brought in from the country, and is presented to the clinical class by the request of his attending physician.

History.— Up to the time he was eight years of age (two years since) he is represented to have been a healthy, robust boy, physically, and bright and active mentally.

About two years since, while attending school, he began to exhibit certain nervous symptoms, or singular mental traits, that soon developed into incoherent laughing, which, after a few days, was followed by equally incoherent or uncontrollable

* NOTE.—The patient has now been under the above treatment for five or six weeks, and is up, going in and out, with the appearance of being well, although he still has spells of strange feelings, and fearful apprehensions, especially in the night.

crying, with wringing of the hands, pulling and twisting of the clothes, etc. These symptoms were followed by some irregular muscular movements and facial contortions, resembling slight chorea, which still continue.

After a few weeks, he was found to have, almost every night, one or more paroxysms of suddenly crying out, with strange sounds, and muscular contortions, though not like ordinary spasms or convulsions, and not followed by any period of unconsciousness. About two months after the boy was noticed to be unwell, a slight swelling was discovered by his attending physician, in the right inguinal region, which, the boy said, was tender, and sometimes painful; and the doctor found that pressure with the finger, on the swelling, uniformly caused symptoms similar to his nightly paroxysms. After the use of some alterative and cathartic remedies, this swelling, and all local symptoms in the inguinal region, disappeared. The nightly paroxysms, however, have continued, with gradually increasing frequency, until, at present, they average six or seven each night. They consist in starting suddenly from sleep, with crying out, and, generally, violent swinging out of his arms, kicking with the feet; sometimes bending the body forward, followed by violent extension, and reckless tossing, but no frothing at the mouth, stertorous breathing, or stupor. The individual paroxysms last but a few minutes, at most; and the boy retains a good appetite—a good degree of general nutrition; but his gait, in walking, has become awkward, his nervous system impaired, with little power to fix his attention, and little apparent inclination to talk. He is very restless during the day, moving about almost constantly, but to no definite purpose. His bowels are nearly regular; but there occurs, about once in six or seven days, a mucous or slimy discharge, as though there was still some point of irritation in the mucous membrane of the colon.

Pathology. — From the preceding history, it will be conceded that the nature of this case is somewhat obscure. As is usual in such cases, the boy has been treated by several medical men, and subjected to a great variety of medication. The gradual impairment of his mental faculties, and altered muscular movements, with the nightly paroxysms, are sufficient to show, not only a morbid condition of the brain, but that long continuance of such irritation or condition, has induced morbid or defective nutrition of the cerebral substance; and, unless it can be removed, it will end in arrest of cerebral growth, and dementia. In its commencement, the grade of morbid action appeared to be intermediate between that of chorea and epilepsy; but, in its progress, it has approximated more and more to the latter disease.

If this view of its pathology be correct, the question would still arise, whether the cerebral irritation was primary, or reflex from some point of disease elsewhere, more especially in the cæcum, or some part of the ileo-cæcal junction, as suggested by the swelling and tenderness discovered over that region, about two months after the boy began to complain. As a general rule, reflex irritation, in the nervous-centers, does not lead to as marked evidences of impairment of

nutrition, and of mental faculties, as is presented in this case; yet, the fact that indications of special local disease, in the right inguinal region, were noticed early in the case, and that there still occurs, every week, a single mucous discharge from the bowels, should not be entirely overlooked.

Treatment.—There are three leading ideas that should govern our treatment of the case, in its present stage: one, to remove, as far as practicable, any present existing local disease in the mucous membrane of the intestines; another, to overcome the morbid sensitiveness, or irritation, in the cerebral center; and the other, to restore a healthy, active, nutrition of the brain substance. To meet the first indication, the following prescription was suggested:

℞.—Nit. of silver, gr. x.
Ext. hyoscyamus, gr. xv.—Mix.

Divide into thirty pills, and give one pill before each meal. At the same time, for the second indication, the following was directed:

℞.—Brom. potass., ʒ iv.
Tinct. digitalis, ʒ iv.
Fluid ext. scutellaria, ʒ j.
Syrup wild cherry, ʒ iiss.—Mix.

A teaspoonful to be given half an hour after breakfast, dinner, and at bed-time, in a little water.

The dose, at bed-time, might be increased to a teaspoonful and a half, if found necessary, to interrupt the night paroxysms. The first prescription might be discontinued, after the first two weeks, and a teaspoonful of the compound syrup of the hypophosphites, with an excess of the phosphorous acid, given instead of the pills, which would meet the third indication named. To have a fair chance of success, the second prescription and the hypophosphites should be continued several months, with a diet of milk, farinaceous articles, vegetables, and fruit, but without either *meat or stimulating drinks*. He should be allowed to take a fair amount of out-door exercise, daily, and be subjected to mild, cheerful, mental discipline.

GLEANINGS IN CAMP AND HOSPITAL.

By F. K. Bailey, M.D., Knoxville, Tenn., January, 1874.

CASE I.—Gun Shot Wound.—Wound of the Perineum.—*June 26th*, 1861, *Friday*.—In camp, at Alton, Ill.; 20th Illinois Infantry. About 5 P. M., B. F. Titus, a member of Co. "D," while in his tent, was wounded by the accidental discharge of a musket in the hands of a comrade. The ball entered near the anus, upon the right side, and made its exit about an inch below the pubis, and the same distance from the mesial line. But little blood was lost, and the shock inconsiderable. Simple dressings were applied, and he rested through the night.

June 27th, A.M.—Complains but little, except from a blistered point upon the right ischiatic region, from the burning of the cartridge-paper.

The muzzle of the gun was not more than six or eight inches from his body when discharged.

June 27th, 9 P. M.— Passed urine at noon, and was comfortable all day. Gave sul. magnesia, and applied cool dressings.

June 28th, 9 A. M.— No constitutional disturbance; cuticle removed from the nates, which had been blistered; urinates easily; no alvine evacuation.

June 29th, 9 A. M.—No evacuation from rectum; pulse soft and natural; but little pain. Gave castor oil and spts. turpentine.

July 1st.—Bowels moved freely and easily, for the first time since the injury was received. From this time the wound healed kindly. The man, on his recovery, was detailed in the commissary department, and did but little laborious duty.

CASE II.—GUNSHOT WOUND OF FACIAL REGION.—In the same tent, and while in a stooping posture, either preparing or eating supper, very near the above-mentioned soldier, was R. I. Smith of the same Co. The ball, after traversing the person of Titus, struck Smith one inch anteriorly to the external meatus auditorius, on the right side, and about four or five lines below a line leading from the meatus to the external angle of the eye. The point of departure was about one-eighth of an inch above a corresponding point on the left side.

There was copious venous hæmorrhage from both orifices, but most from the point of entrance. Blood flowed freely into the posterior nares, and nearly strangled him, as he laid upon the back. A large quantity of blood was thrown from the mouth, both by vomiting and coughing.

As soon as he could swallow, two ounces of whisky and one-quarter grain sulph. morph. were administered After thirty minutes, blood ceased to flow, and he was comparatively comfortable, and in complete possession of his faculties. He was placed upon a cot, and cool applications directed.

June 27th, 8 A. M.— Rested after midnight very well; pulse 80, soft, but irregular; can converse clearly, but complains of intense soreness upon both sides of the face, but most on the right; tumefaction as low as the submaxillary region; very difficult to swallow or open the mouth; no hæmorrhage. 9 P. M.— Has lain very quiet during the day; swallows better than in the morning; has taken beef-soup and drink. Gave a dose of epsom salts.

June 28th, 9 A. M.— Rested last night; bowels open; breathing obstructed through the nostrils; pulse, 80, and soft; sleeps much of the time (from the morphine). 9 P. M.—Has rested well; right side of the face still swollen.

June 29th 1 P. M.—Face less swollen; suppuration from both orifices; bowels open; to have good diet, and quiet enjoined.

July 1st.—Able to walk about. On the 6th, the regiment left for St. Louis, and Smith, with Titus, both remained in camp.

Smith slowly recovered, so far as the healing process was concerned, but never was well while under my observation. He was discharged during the next winter, having remained with the regiment as a hospital at-

tache. He went to Chicago, I think; but of his subsequent history nothing has come to my knowledge.

The above is from pencil-notes taken at the time, and still preserved. The cases were interesting to us, being the first casualties of the kind which occured in the noble Twentieth, which subsequently became so distinguished for valor in the field.

Surgeon Goodbrake was not near at the time of the occurrence, but came in a few minutes, as also did other medical officers of the brigade. There were serious fears entertained, for a few days, that both cases would result unfavorably; for they might very easily have done so.

In the case of Smith, the ball must have passed through the posterior nares without injuring the roof of the mouth. Although a severe wound, it could hardly have passed this at a more favorable place. An inch variation, in any direction, would have been very much worse.

CASE III.— GUNSHOT WOUND OF THE LIVER.— Asahel Douglass, Co. "C," 15th Illinois Infantry, was brought to Savannah April 7th, 1862, from the battle-field of Shiloh, and placed under my charge. He was very much depressed, pale, and evidently laboring under some shock.

On examination, found that a large ball had passed through the right side of the body, and the point of entrance, if I rightly remember, was anterior. Regionally considered, it was evident that the liver had been wounded, judging from the very copious discharge of bile, or, at least, a liquid of a golden yellow hue, mingled with blood.

The distressed young man was made as comfortable as possible under the circumstances. Stimulants and good food were given, and the openings dressed often. I had been in the habit of considering the biliary secretion as rather abundant, but, till observing this case, no idea had been formed as to the full amount.

Large compresses, placed upon both orifices, would soon be completely soaked; and our supply of material for dressings became so completely exhausted before the arrival of sanitary boats from the North, that I was obliged to use my own personal clothing in order to render the young man comfortable.

The case remained under my charge till the 15th, when, with many others, he was placed upon a boat and carried North. I learned that he died before reaching his home, in Rockford, Illinois. This was the only case of wound of the liver that I ever met with so soon after its occurrence. The general appearances accorded with those mentioned by Guthrie.

As in all penetrating wounds of the abdominal cavity, there was shock and depressed circulation. Death, in this case, probably resulted from the shock rather than the inflammation, although reaction might have come on in the space of eight or nine days.

In Circular No. 3, "Report of Surgical Cases in the Army," page 40, under "G. S. Wounds of the Abdominal and Thoracic Cavities," we find a record of eight cases where the liver was wounded. In these, one man lived twenty-three hours; one fifty hours; one died on the same day, and another on the day after. The others died immediately, or very soon after being wounded.

The most striking feature in this case was the great amount of bile which escaped. The quantity was, of course, only estimated by the cloths, which were soon saturated. The sufferer could not lie down without increasing the distress, and it was necessary to prop him up as well as our limited means would admit.

The amount of bile secreted in twenty-four hours has been variously estimated by physiologists. Twenty-four ounces is the amount stated by Haller; and, by Liebig, from seventeen to twenty-four ounces. Biddu and Schmidt estimate fifty-six ounces; and, so far as I could judge from the appearances, the latter amount is nearest to being correct.

CASE IV. — NON-PENETRATING WOUND OF THE CHEST.—BALL PASSING ALONG A RIB.—W. S. Vail, Co. "B," 20th Illinois Infantry, was brought to Savannah, from the Shiloh battle-field, April 7th. He was placed in a bunk on the floor, and examined as were the rest. There seemed to have been considerable shock, and subsequent depression. It was found that a ball had entered upon the right of the chest, about an inch and a half from the sternum, and three inches below the clavicle. The place of exit was at an opposite point on the back; and the first glance suggested a wound of the lung. But the characteristic signs of such an injury were wanting; and on tracing the hand from the point of entrance along the rib, a slightly elevated ridge was found, attended with soreness on pressure. It became certain that the missile had struck obliquely upon the chest, and passed completely around to the back.

The wounded places were dressed, and the man did very well for a week, when he became suddenly delirious, and well nigh unmanageable. He was tied hand and foot, to prevent his tearing away and running into the street, which he had done once or twice.

May 2d, he was placed upon the steamer Blackhawk, and taken North. I think he was carried to Quincy, and thence to the Insane Asylum at Jacksonville.

During the summer he returned to his Co., in good health, and was killed on 1st Sept., 1862, at the battle of Britton's Lane, West Tennessee. A notable fact connected with this case was the furious delirium.

The shock from the wound might have aroused some latent predisposition. Of his family history I could learn nothing. I do not think he was more than twenty years old; and his habits were not bad.

NATURALIZATION OF THE EUCALYPTUS.—At a late meeting of the Royal Botanic Society of London, it was stated that several specimens of the *Eucalyptus globulus* were growing in the new greenhouse of medicinal plants, in the Society's garden in the Regent's Park, one being fifteen feet in height. Experiments are being made to test the hardiness of the plant in the open air. In view of the wonderful properties claimed for this tree—counteracting or modifying malarial poison—its growth should be made the subject of experiment in many parts of this country besides California.—*New York Medical Journal.*

MELANOTIC SARCOMA OF THE CHOROID.

CLINICAL LECTURE, OPHTHALMIC WARD COOK COUNTY HOSPITAL. SERVICE PROF. F. C. HOTZ, JANUARY 14, 1874.

Reported by D. A. K. Steele, M.D., House Surgeon.

GENTLEMEN: To-day I take pleasure in demonstrating to you two tumors, greatly differing from each other in their position and in their bearing upon the eye-ball. Three weeks ago this young man, twenty-six years of age, had the lower lid of his left eye burned by a piece of red-hot iron, which flew up and fell upon the conjunctival surface of the lid. The inflammation following the injury passed away in one week; but a small knob was then observed to grow out of the lower lid. Within two weeks this knob, as you see, has attained the size of a large pea. It is smooth, pretty solid, and attached to the lid by a very small pedicle, similar to the nasal and aural polypi. You will also notice that the conjunctiva is tightly drawn towards the root of the polypoid tumor by radiating cicatrices.

This observation will at once explain to us the development of the conjunctival polypus. The conjunctiva had been extensively scorched; and when the wound was healing over, with expithelium from the edges, the granulations grew luxuriantly in the center, and soon rose above the level of the conjunctiva. By the subsequent contraction of the cicatrix, the bases of these granulations were constricted to a thin pedicle. But they continued to grow larger and firmer; and if we examine the polypus under the microscope, we shall see the structure of young connective tissue just beginning to be consolidated. This tumor, gentlemen, although it has grown very rapidly, is of a very innocent nature; and its removal is indicated by the annoyance and unsightliness, rather than by any malignancy. It acts like a foreign substance, causing a slight irritation of the eye, as you can notice by the redness of the conjunctiva, and the somewhat increased secretion of tears; but it would never endanger the functions of the eye—it would never impair vision. The removal of this tumor is the easiest thing in the world. While an assistant is everting the lower lid, I shall grasp the body of the growth with a forceps, and snip the pedicle, closely to the conjunctiva, with a pair of scissors. This is the simplest, safest, and surest treatment; and I would not indorse the treatment of that physician who, as the patient told me, applied nitrate of silver on the tumor; because it could not be prevented from spreading over the conjunctiva, causing an unnecessary irritation of that mucous membrane; but especially because nitrate of silver is known to favor the rapid growth of polypi, rather than to destroy them.

[After the operation was done, and the little tumor passed around, Dr. H. continued]:

And now, gentlemen, look at this

old gentleman, who, in his fifty-second year of age, has come to us, from a great distance, hoping to find relief from his sufferings. Ten years ago he lost the sight of his eye, within a short time, although there was no pain, nor any sign of inflammation. The blind eye looked just like the other, and continued so until, four years ago, the lens became cataractous. About this time he began to have intermittent pain in the blind eye, most severe at night. One year ago the eye began to grow larger, and the pain became more intense, extending over the left side of the face and head. Patient had always enjoyed good health; and, in spite of the many restless nights he had, his appearance is good for his age. Now, let us examine this eye: the upper lid is greatly swollen, and red, but soft; raising this œdematous lid, we observe a transparent, but abnormally small, cornea, and a discolored iris, which is crowded up to the posterior surface of the cornea, so that no anterior chamber exists; the pupil is converted into a small, irregular gray dot. The most striking feature, however, is the change of the shape of the eye-ball. It is a ball no longer: it is an irregular, knotted body. At a short distance from the cornea, three protuberances rise under the ocular conjunctiva, which is blended with their highest part. One of them occupies the upper inner section of the sclerotic; one the upper external, and the third the lower external portion. The two upper are perfectly black; the lower one has a light, grayish color; all three are solid, and pass over into the globe gradually and imperceptibly. The eye-ball itself is also hard, like a solid mass. Its rotations are very defective, as it cannot be turned outward nor upward either. The conjunctiva is highly congested. The diagnosis of the case certainly is very easy; and we need not hesitate to pronounce it a case of *melanotic sarcoma*; melanotic (dark-colored), because of the abundance of brown and black pigment; sarcoma, because in the eyes of adults this kind of morbid growth is found most frequently—nay, almost exclusively. These tumors originate in the choroid, and their presence is unknown to the patient for some time (latent stage of the tumor). As they grow larger, they form a rounded tumor, which projects into the vitreous humor, and carries the retina with it. This then gives rise to an irritation of the retina, causing a dimness of sight, and finally leads to a complete detachment of the retina, with total loss of the sight.

This happened to our patient ten years ago; and, therefore, the tumor is older than ten years. For so long a time, it has grown very slowly indeed. It took over six years to fill up the whole interior of the globe; for, during this period, the eye appeared like the right one. But, as soon as the bulk of the tumor becomes larger than the cavity of the eye-ball, it begins to press against the sclerotic, trying to expand it. At this time, the eye becomes hard, inflamed; and the patient is tormented by violent ciliary neurosis. Four years back, the eye of the patient passed into this stage. This period lasted three years. At last, the shell of the eye-ball gives way to the pressure of the morbid growth at some point:

either because the cornea sloughs, or because the sclerotic is softened and perforated. A protuberance then appears under the conjunctiva—first noticed by our patient one year ago. From this time the neoplasma generally grows more rapidly; and soon, perforating the conjunctiva, exhibits an ulcerated, nasty surface, in the meanwhile, also, extending deeper into the orbit. Our tumor has not yet broken through the conjunctiva, but it is very nearly ready to do so; and the considerable disturbance of the mobility of the eye indicates a disagreeable extension of the tumor into the cellular tissue and muscles of the orbit.

Reviewing the history of this case, you find that the first period has lasted over six years; the second stage three years; the third only one year. Thus, it confirms the observations of others, that the first period always is the longest. Although the sarcoma does not influence the health of the patient, during the three periods mentioned of its growth, it is not so harmless, after all. It remains a local disease for many years, especially as long as it is inclosed in the eye-ball; but, gone beyond this inclosure, it sooner or later sends its germs to distant vital organs; and the fourth act of the drama, with which it concludes, is the death of the patient, caused by the development of sarcomatous tumors in the liver, lungs, pleura, kidneys, stomach, or in the brain. I am sorry to say, that I do not expect that our patient will escape his fate. Still, I propose to operate on him, for these reasons: the sarcomatous tumors in the organs are started by germs, carried there from the orbit by the lymph and blood. By the removal of the maternal tumor, we stop the source of infection, either permanently, if we can remove every particle of morbid growth, or, at least, for some time, if particles are left in the orbit which give rise to a recidive tumor. In this case, we may prolong the life of the patient; but suppose his internal organs have, by this time, been infected (although we cannot discover the beginning of this calamity); then, of course, the operation could not delay the death by a single day; and still, I would perform it, to make the last days of his life more comfortable, by stopping that fearful pain, which makes life intolerable to him. The removal of this eye-ball will not be a clean enucliation, because the ocular conjunctiva must be removed, and, most likely, a portion of the muscles, and the cellular tissue of the orbit, too. When the patient is well etherized, I shall first enlarge the field of the operation by splitting the external canthus; then I shall sever the ocular conjunctiva from the tarsal portions, by incisions through the retrotarsal folds; and then I shall dig my way into the orbit, to get to the posterior termination of the tumor. Having it loosened from the sound vicinity, I shall draw it out, in order to stretch the optic nerve as much as possible. The points of the scissors are then passed up to the optic foramen, where the optic nerve will be snipped through. The tumor taken out, the bleeding is arrested by pressing a piece of sponge into the orbital cavity. This sponge will be kept in for about an hour. The further treatment, after the operation, consists, mainly, in syringing the cavity with warm water.

Anatomical Examination of the Eye-ball.—The eye, with adherent tumors, forms an irregular knobby body, somewhat oval in form; horizontal; diameter, one and three-fourths inches; antero-posterior, one and one-fourth inches; vertical, one inch. There are two tumors on external, and one on internal side, protruding through the sclerotic, and firmly adherent to conjunctiva, almost black in color. A similar knob-like mulberry protrudes from the posterior part of the eye, on the outer side of optic nerve. The optic nerve, for five-eighths of an inch long, is totally degenerated to a black substance similar to tumor. The eye was divided, by a meridianal section, from before backward. The sclerotic can be traced, on the external side, back a short distance from the cornea, and forward from the optic nerve. At the equator, it is dissolved in a grayish and encephaloid substance. Of the inner half of sclerotic, scarcely any trace is left. Its interior is completely filled with one uniform, black, soft mass, from the surface of which an inky fluid exudes, showing, under the microscope, a granular detritus of pigmented cells. The rotten tissue of iris, which was crowded to the cornea, cannot be separated from the black substance behind it. Where the original posterior pole of the lens was, a calcareous substance is imbedded in the tissue, evidently the petrified lens. The external lower part of tumor is less pigmented.

The eye and adherent tumors were hardened in a solution of chromic acid; a number of sections were made, and submitted to Professor L. Curtis for microscopical examination. The tumors were pronounced to be melanotic, round, or granulation-celled sarcoma, in structure.

[Two weeks later (January 28th), while the tumor was passed around, and its microscopical anatomy demonstrated, Dr. H. remarked]:

The patient has nicely recovered from the operation, and left for his home yesterday. The whole wound is covered by red, sound granulations, secreting a moderate quantity of thick, creamy pus. Four or five days after the operation, however, the granulations had not so satisfactory an appearance. Throughout, from the bottom of the cavity, as well as from under the upper lid, the granulations were growing out, in rounded, solid protuberances, of a grayish red color. There we had the immediate development of sarcomatous lumps, by germs left in the orbital tissues. I then resorted to a remedy that, within the last year, had pleased me very much, in similar cases, by destroying the germs of malignant growths, and thereby preventing the return of the neoplasma: *in loco.*, with a camel's hair brush, the solution of

℞.—Acid carbolic, ʒ j.
Alcohol, ʒ ij.
Aq. dist., ℥ ss.
Tinct. iodine, ʒ ss.

was applied, daily, to the suspicious looking granulations; and under this treatment they gradually disappeared, and in their place healthy granulations covered the ground, which, I hope, will consolidate in a sound catrization.

DELIRIUM TREMENS.

A PAPER READ AT 17TH SEMI-ANNUAL MEETING OF THE MILITARY TRACT MEDICAL SOCIETY, BY D. MCMARSHALL, M.D., HOPPER'S MILLS, ILL.

THE account given of the character, phenomena, causes and treatment of delirium tremens, is, upon the whole, so very judicious, that it would, scarcely appear to demand any other comment than one of general approval. But as there exists a very decided difference of opinion among American practitioners in regard to the proper management of the disease, a few words upon this point may not be improper.

Four different plans of treatment have been recommended, and the result of their extensive employment, for a series of years, have been adduced by their respective advocates in evidence of the superior efficacy of each. One practitioner cures all, or nearly all, his cases, by repeated emetics; another, by the free exhibition of alcoholic drinks; and a third by opiates, in free doses, continued at short intervals, until sleep is procured; while a fourth considers neither excitants proper, nor opiates necessary, but simply a state of tranquility in a quiet and darkened chamber, with perhaps an emetic to unload the stomach, in the commencement of the attack, and some gentle cathartic to keep the bowels open, and, when the stomach will retain it, a light and easily digested diet.

The opiate practice is the one in favor of the superior efficacy of which we have the most imposing evidence, and it is unquestionably the one that will, in the majority of cases, when judiciously and cautiously managed, the most promptly and effectually remove the symptoms of the disease. That the opiate practice has been abused, we are perfectly aware. Under the supposition that opium, to any extent that may be requisite to induce speedy sleep, can be administered in delirium tremens with perfect safety, we have cause to fear that a state of coma has, in more than one instance, been induced, from which the patient has never awoke. We have never been in the habit of administering large doses of opium, and have usually combined each dose with an equal quantity of camphor, and about half a grain of ipecacuanha, on young, robust and plethoric subjects. We believe that depletion, in some way, should be resorted to.

That there are many cases of delirium tremens in which a perfect recovery may be effected without the administration of opium, or of any stimulant, is very certain; but our experience has taught us that, when the disease occurs in confirmed inebriates with a broken down constitution, and in whom there is almost complete destruction of the proper functions of the digestive organs, almost the only means by which it can be certainly and promptly arrested is opium, administered in moderate doses, at short intervals.

The treatment of delirium tremens by alcoholic drinks, while we can have no doubt of its very general

efficacy, is attended with an evil of too serious a character to permit us to give to it, under any circumstances, our sanction. It cannot fail, we are persuaded, to confirm the patient in his intemperate habits, and thus render him liable to a renewal of the disease after a short interval.

That it is not the only successful treatment, we are convinced from ample experience. In the practice of our preceptors, as well as our own, which has extended now beyond a quarter of a century, or, I may say, a half, we have had sufficient opportunities for testing the value of the opiate practice in this disease, and have seldom been disappointed in its effects. We do not say that the patient will invariably recover under it. There are cases in which, from the condition of the patient's system, the complication of the stimulant delirium with serious disease of the brain or other important organs, death is inevitable, under any plan of treatment. We believe, however, that in the general run of cases, the success of a properly conducted opiate treatment will equal that of any other; while, in the old, broken-down drunkard, it, or the stimulant practice, is the only one upon which any dependence can be placed. Of the emetic treatment as recommended by Dr. Klapp, we cannot, it is true, speak from experience, having never tried it.

I will here report a case treated during the year 1873, by myself. The patient is a resident of Carman Station, where this form of disease has been prevailing to quite an alarming extent. On April 16, 1873, I was summoned to attend Mr. C.; found him suffering from delirium tremens; pulse soft and regular; skin moist; nerves pretty badly convulsed. Gave two and one-half grains opium, and left valerianate of ammonia, in drachm doses. The opiate produced the desired effect, complete repose. On my return, the day following, I found patient quite comfortable; continued the valerianate of ammonia. Saw him on the following day; found patient quite well. Did not see patient again until I was summoned to see him on the 7th day of October last; found him suffering from convulsions, threatening his destruction in a short time, if not arrested; pulse quick and hard; skin dry; convulsions following each other in quick succession. I proceeded to open a vein in the arm, and succeeded in getting a full stream of blood. The patient being strong and plethoric, I allowed the blood to flow till quite two quarts were abstracted; found the pulse soft and regular; patient felt quite relieved, and I supposed that the case was cured, but found, in the course of an hour, that the convulsions returned just as violent as before. I took the compress from the arm, and allowed the blood to flow again to the amount of one pint, when the convulsions disappeared. I then administered to patient sixty grains hydrate chloral, as near as I could guess. Patient slept quietly all night, and on my return the next day found him quite comfortable. Put him on valerianate of ammonia, as before; saw him the day following, and found him entirely recovered, except that he was weak. Did not see patient again till November 7, when I was again summoned to visit Mr. C., and found him bleeding profusely at the nose, from the effect of a fall during the fit he had, just previous to my arrival. I

found no necessity for blood-letting on this occasion, the pulse being soft and regular. I administered hydrate chloral, as before, which produced quietude and sleep, as before; left valerianate of ammonia, in drachm doses, as before, with about the same effect.

I have not seen patient since, professionally, but have seen him attending to his business without any apparent inconvenience.

A CASE OF HABITUAL REGURGITATION, SIMULATING RUMINATION IN LOWER ANIMALS.

REPORTED TO THE CHICAGO MEDICAL SOCIETY, MEETING OF JANUARY 19TH, 1874, BY D. W. GRAHAM, M.D.

MR. D., aged twenty-four; an intelligent mechanic; of robust appearance; medium height; sanguine temperament; with muscular system exceedingly well developed; has been strictly temperate in all his habits; appetite and digestion have always been good, but never relished fatty articles of food; intestinal functions perfectly normal; has always had good health; family history good, except some manifestations of tuberculosis, on the maternal side. A suspicion of the development of this affection in himself, induced by a transient attack of bronchitis, led him to apply for an examination. A thorough physical examination gave no evidence of any organic disease of the lungs or heart.

In this connection, he mentioned that he was in the habit of regurgitating and remasticating his food, and wished to know the cause of it, and if there was any way of being relieved of the difficulty. He introduced the subject with apparent reluctance, and on condition of privacy, seeming to fear that there might be sufficient grounds for classifying him with the ruminant order of animals.

He says the process commenced when he was about ten years old, when he was in perfect health, and without any assignable cause. The regurgitation takes place regularly, after every meal, commencing about fifteen minutes after finishing the meal. The returning bolus is remasticated, and again swallowed. It does not, however, return to the mouth in a distinctly-molded form, as in those animals whose organs are adapted to the special and normal function of rumination, but is, rather, a loose, discrete mass.

The act is repeated in the same way, the frequency and the length of time it continues depending on the quantity, the kind, and condition, of food taken.

When a light meal is taken, consisting largely of liquids, there may be but one or two regurgitations following. When a meal consists, to any extent, of meats, and the coarser vegetables, containing considerable of the fibrous elements, as might be inferred, the acts of regurgitation are

more frequent, and continue longer, until, sometimes, from three to three and a half hours intervene between the meal and the last act of regurgitation. Although he thinks he chews his food as well, and with as much care, as other people, yet, when he gives particular attention to it, and masticates thoroughly, it notably diminishes the number and frequency of the acts of regurgitation.

When asked how far the process was voluntary, he replied, that he could control it, to some extent, by keeping his mind directed to it; but, when it is repressed, it causes an uncomfortable and peculiar feeling of heaviness, somewhat resembling slight nausea.

There is concerned, in each act, the element of a slight contraction of the muscles of the abdominal cavity, which is, to some extent, voluntary; but almost unconsciously so.

The taste of the regurgitated food is not modified during the first part of the process; but, towards the latter part, it acquires a disagreeable acid taste. But, to use his own words, chewing the regurgitated food, before it has acquired this disagreeable taste, "is the sweetest part of the meal."

It causes him no inconvenience or disturbance of any kind, except some embarrassment, during the process, in presence of others, and the (to him) disagreeable reflection that it is abnormal, and not human.

These are the principal facts in the case, as I learned them from his own statements and from personal observation; and I would respectfully submit them to the Society, soliciting discussion on the questions that must naturally arise as to the nature and cause of the difficulty, and means of relief.

Editorial Department.

ABSTRACT OF PROCEEDINGS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS, FOR THE YEAR 1873.

IN connection with a recently published editorial on the subject of the duty of the medical profession to the medical societies of this city, we had intended to present a *resume* of their transactions during the last year. In consequence of the loss of a portion of its record, we are unable to print an abstract of the proceedings of the Chicago Medical Society, in connection with that of the Chicago Society of Physicians and Sur-

geons, which is subjoined, though we have made an effort to do so, of whose result, had it been successful, we are assured.

It is not only gratifying to note an improvement in the character and value of these transactions, but they also present an appeal to the studious part of the profession, which cannot fail to meet with a hearty response.

I.—REPORTS.

1. Annual Report of Section on Practice of Medicine (one paper).

2. Annual Report of Section on Surgery (three papers: "A," * "Strictures of Urethra and Rectum;" "B," "Electro-Therapeutics of Surgery;" "C," * "Staphylorraphy and Uranoplasty"—with exhibition of gag and models).

3. Annual Report of Section on Pathology (two papers: "A," * "Pathology of Nervous System;" "B," "Pathology of Ovarian Tumors").

4. Annual Report of Section on Obstetrics and Diseases of Women and Children (two papers: "A," * "Diseases of Women;" "B," "Diseases of Children").

5. Annual Report of Officers of the Society.

6. *Report on the Literature of Cholera; with Abstracts from the Later Authorities.

7. *Report of Committee on the Prophylaxis, and Treatment of the Cholera Endemic, in 1873.

8. Report on the Therapeutic Value of Cosmoline.

II.—PAPERS.

1. On Centripetal and Centrifugal Neurosis.

2. *On Pathogenesis, as resulting from the use of Tobacco.

3. *On the Relations of the Integumentary and Generative Organs.

4. *On the use of Lime Vapor in Pseudo-Membranous Croup.

5. *On the Cervix Uteri, before, during, and after Labor (with drawings).

6. *On the Genetic Relations of the Marsh Fungi to Malarial Diseases (with exhibition of colored sketches, and microscopical preparations of *palmellæ*, sporules in human blood, saliva, etc).

7. *Review of Hall's Translation of Lanfranc's Surgery, published in London, in 1865.

8. *On the Physiological Relations of Alcohol.

9. On some Questions in Therapeutics.

10. *On the Waxy Kidney.

III.—REPORTS OF CASES.

1. Cases of Cholera, occurring near the Southern Limits of the City of Chicago, Endemic of 1873.

2. Additional Cases, in same general place and time (with exhibition of map of locality).

3. Additional Cases, in same locality, somewhat later.

4. Cases of Cholera in Louisville, in 1856.

5. Twelve Cases of Cholera in the City of Chicago, in 1873.

6. Case of Criminal Abortion, resulting in Death from Hæmorrhage.

7. Cases of Intra-laryngeal and Tracheal Medication.

8. *Case of Chronic Inflammation of Stomach, simulating Cancer (with Report of Necroscopy, and Microscopic Pathology, and exhibition of Stomach, in gross, with illuminated and magnified Sections).

9. Cases of Uterine Fibroids, relieved by the hypodermic injection of Ergotine.

10. Case of Foreign Body in the Urethra.

11. Case of Death from Gunshot Wound of the Cerebral Sinuses.

12. Case of intense Sciatic Pain from Suppressed Menstruation, relieved by the Thermo-Electric Bath.

13. Case of Destruction of the Epiglottis, from Syphilis, with retention of power of perfect Deglutition (with exhibition of patient).

IV.—SPECIMENS PRESENTED.

1. Semi-calcareous tumor, removed from the arm of pregnant female (with report of case).

2. Monster, with complete visceral ectrophy, four mammary glands, and no genito-urinary or intestinal apertures.

3. Heart, ruptured from muscular degeneration (with report of case).

4. Perforation of right auricle by pistol-ball (with report of case).

5. Ossified cardiac valves (with report of case).

6. Cancer of uterus (with report of case).

7. Cholera dejections (rice-water), mounted on microscopic slides, and illuminated (with report of case).

V.—EXHIBITIONS.

1. Anatomical models, purchased in Germany for the Chicago University.

2. Reproductions of photographs of cutaneous diseases, in colored crayon.

3. Models of invalid and operating chairs, close stools, etc.

4. Spectroscopic and other scientific apparatus.

Number of meetings during the year 1873, 22; total attendance at meetings, 436; average attendance at each meeting, 19.8.

* Papers thus marked, have appeared in the medical periodicals.

LEGALIZING DISSECTION.

AFTER repeated asking, and long waiting, those engaged in medical teaching in this State have finally secured the passage of a law authorizing dissections, and providing a legal mode of obtaining the necessary material. We tender the thanks of the profession to Drs. Wilcox, Mitchell, Rice, Collins, Rogers, and other members of the Legislature, who efficiently and perseveringly worked for the passage of the bill. The following is a correct copy of the law as it passed both branches of the Legislature and received the signature of the Governor:

A Bill for an Act to Promote the Science of Medicine and Surgery in the State of Illinois:

SECTION 1. *Be it Enacted by the People of the State of Illinois, Represented in the General Assembly,* It shall be lawful, in cities and counties whose population exceeds one hundred thousand inhabitants, for superintendents of penitentiaries, wardens of poor-houses, coroners and city undertakers, to deliver to the professors and teachers in medical colleges and schools in this State, and for professors and teachers to receive, the remains or body of any deceased person, for purposes of medical and surgical study: *Provided*, that said remains shall not have been regularly interred, and shall not have been desired for interment by any relatives or friends of said deceased within forty-eight hours after death: *Provided, also*, that the remains of no person, who may be known to have relatives or friends, shall be so delivered or received without the written consent of said relatives or friends: *And, provided, further*, that the remains of no one detained for debt, or as a witness, or on suspicion of crime, or of any traveler, or of any person who shall have expressed a desire, in his or her last sickness, that his or her body may be interred, shall be delivered or received as aforesaid, but shall be buried in the usual manner: *And, provided, also*, that in case the remains of any person so delivered or received shall be subsequently claimed by any surviving relative or friend for interment: *Provided, further*, that notice shall be given to friends or relatives of any deceased person, if such friends or relatives are known to the authorities.

§ 2. And it shall be the duty of the said professors and teachers decently to bury, in some public cemetery, the remains of all bodies, after they shall have answered the purposes of study aforesaid; and for any neglect or violation of the provisions of this act, the party so neglecting shall forfeit and pay a penalty of not less than fifty nor more than one hundred dollars, or be imprisoned in the county jail not less than six or more than twelve months, or both, at the discretion of the court; such penalties to be sued for by the health or school officers, or any person interested therein, for the benefit of the school fund or health department, as the case may be.

§ 3. The remains or bodies of said persons as may be so received by the professors and teachers, as aforesaid, shall be used for the purposes of medical and surgical study alone, and in this State only; and whoever shall use such remains for any other purpose, or shall remove such remains beyond the limits of this State, or in any manner traffic in the same, or in any manner aid or assist in the same, shall be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding one year in a county jail.

§ 4. Every person who shall de-

liver up the remains of any deceased person, in violation of or contrary to any or all of the provisions contained in the first section of this act, and every person who shall receive said remains, knowing them to have been delivered contrary to any of the provisions of said section, shall, each and every one of them, be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding two years in a county jail.

WOMEN'S HOSPITAL MEDICAL COLLEGE. — The Commencement exercises of the Women's Hospital Medical College took place on the evening of February 24, at the First M. E. Church. The exercises were opened with music on the organ by Prof. L. Falk, followed with prayer by Rev. Mr. Chamberlain. After a vocal selection by the choir, Prof. Byford addressed the audience, as follows:

"*Ladies and Gentlemen:*— Fifteen or twenty years ago, but few women studied medicine. The few who did found it almost impossible to gain admittance into any medical school, and were sneered at by friends and the world. Now, we have ten or twelve colleges that admit them to their halls, and give them all the advantages granted to the male sex. I am glad to see the women taking advantage of these opportunities. There are now about one hundred and twenty students of this sex in the United States. Public prejudice is yielding, and they are being acknowledged as equal to the brothers of the profession. (The six members of the graduating class were called forward.) It gives me pleasure, ladies, to bestow the Degree of Medicine upon you, because it opens up a field heretofore closed to you; and it gives me pleasure, because I think you will be an honor to the profession you have chosen."

He then presented them with their diplomas.

Mrs. Carr, of the graduating class, delivered a short valedictory, speaking in honor of the faculty, and regretting that the many pleasant days they had spent together had drawn to a close. Music by Prof. Falk. Dr. Earle then addressed the graduates in behalf of the faculty. His address consisted of a review of anatomy, physiology, and words of encouragement to the graduates. Rev. Mr. Chamberlain then addressed the audience regarding the appropriateness of women entering the medical profession; and pronounced the benediction. Two of the graduates go to China as medical missionaries; some of them are now the wives of physicians; others entered to make for themselves a name in their chosen profession, alone and unaided.

CHICAGO MEDICAL COLLEGE COMMENCEMENT. — The Commencement exercises of the Chicago Medical College (Med. Dept. of N.-W University) will take place on Monday and Tuesday, the 9th and 10th days of March, 1874. On Monday, the exercises will consist in the reading of theses, and the *public* examination of the candidates for graduation. The exercises on Tuesday will consist in the conferring of the degrees by the President of the University, a charge to the graduates, and a response by Mr. Kenny, as the representative of the class, and the formal valedictory address by Prof. W. P. Merriman. The exercises will commence at 2 o'clock, P. M., on both days, in the lecture room of the college. Members of the profession, and the community generally, are invited to attend.

RUSH MEDICAL COLLEGE COMMENCEMENT.—The thirty-third annual Commencement of the Rush Medical College was held on the evening of February 17, at the Michigan Avenue Baptist Church. The church was well filled with friends of the institution. The President, Dr. Freer, gave a brief history of the College since its organization, previous to the presentation of the diplomas to the graduating class. Degrees were conferred upon seventy-six graduates. Dr. Bennett delivered the valedictory in behalf of the class. Professor Miller then delivered the closing address. Dr. Mitchell, in behalf of his fellow-graduates, presented to Prof. Powell a handsome watch and chain. The exercises were pleasantly interspered with music by a band.

ALUMNI OF THE CHICAGO MEDICAL COLLEGE.—The members of the Alumni Association of the Chicago Medical College will hold their annual meeting at the college, on Tuesday, March 10th, at 10 o'clock, A.M.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF FEBRUARY 9TH, 1874.

Reported by Plym. S. Hayes, M.D.

THE Society met, as ususal, in the parlor of the Grand Pacific Hotel, the President, Dr. A. Fisher, in the chair.

Drs. J. H. Hollister, and W. T. Montgomery, were unanimously elected to membership.

Dr. Hyde read the following communication:

CHICAGO, ILL., Feb. 9, '74.

Dear Sir:—I have the pleasure of presenting to the Chicago Society of Physicians and Surgeons, in behalf of Assistant Surgeon John S. Billings, U. S. A., the Librarian, the accompanying two volumes of the catalogue of the Library of the Surgeon General's Office, U. S. Army.

Very Respectfully,

W. C. SPENCER,

DR. J. N. HYDE, *Surg. U. S. A.*

Sec'y Chi. Soc'y Phys and Surg.

A vote of thanks was tendered to the Surgeon General

Dr. Danforth's report on the Pathology of Endemic Cholera was read by Dr. Bridge. The report mainly consisted of the history, necroscopy, and microscopical examination of two cases of patients that died in the cholera hospital last summer.

Dr. Danforth explained the sections

of normal and pathological intestines, which he had prepared. These were projected on a screen, by means of a solar microscope. The instrument used was one of Browning's spectroscopic lanterns, with microscopic attachment. The lantern had been recently presented to Rush Medical College by Mr. A. C. Thomas, and kindly loaned to the Society by the College.

A vote of thanks was given to Dr. Danforth for the paper and exhibition of microscopic illustrations.

The following resolution was adopted:

Resolved, That the report be given to the Secretary for publication in some medical journal.

As the hour was late, the discussion of the paper was made the business of the next meeting.

The meeting then adjourned.

MILITARY TRACT MEDICAL ASSOCIATION.

PURSUANT to adjournment, the seveententh semi-annual meeting of the Military Tract Medical Association was held in Galesburg, on Tuesday, January 13th. Thirty members were present, Dr. M. A. McClelland, of Knoxville, in the chair; Dr. Herbert Judd, of Galesburg, Secretary.

The minutes of the last meeting having been read and approved, Drs. Phillips, of Galesburg, Smiley, of Kewanee, and Marshall, of Hopper's Mills, as censors, reported Drs. Welch, of Galesburg, Williamson, of Rio, Miller, of Gilson, and Alvord, of Randolph, as candidates for regular membership; A. B. Clark, Jr., of Galesburg, as an honorary member. They were all regularly elected. Dr. M. Reece, from the Publishing Committee, reported what papers had been published that were read at the last meeting; also, upon the manner of publishing the future papers and transactions of the Association in THE CHICAGO MEDICAL EXAMINER, with the following resolution:

Resolved, that we the members of the Military Tract Medical Association, having selected THE CHICAGO MEDICAL EXAMINER as the medium for the publication of our transactions and papers, do agree to support it by our subscription.

This resolution was adopted by the Association.

The Committee on Necrology had no report to submit; nor had the Standing Committee on Surgery, nor that upon the Practice of Medicine.

Dr. D. McMarshall read a paper on Delirium Tremens, reporting cases from his practice, with a treatment modified by his own judgment; results showing favorably.

Dr. J. C. Copesake, of Wyoming, read a very interesting paper upon the Physical Degeneracy of American Women. This paper was well received by the Association, and deserves popular attention.

Adjourned to half past one o'clock P. M.

Afternoon Session. — Dr. J. W. Hensley, of Yates City, read a paper

on Materia Medica, showing in detail the apparent rational change in this department of the profession. This paper was well prepared, and was received by the Association by vote of thanks.

Dr. Hiram Nance, of Kewanee, gave a lengthy and full report of cases from his practice, particularly in Pelvic Cellulitis, Retarded Labor and False Conception.

Dr. L. I. Lambert, of Galesburg, read a paper upon Diseases of the Lachrymal Apparatus, exhibiting instruments used in operations for the same. These papers, together with those from Drs. Marshall, Copesake and Hensly, were ordered, by the Committee on Publication, to be forwarded for publication. Considerable miscellaneous business was done.

Twelve delegates were elected to attend the next meeting of the American Medical Association, to be held at Detroit, in June.

Twenty-one delegates were elected to attend the next meeting of the Illinois State Medical Society, to be held in Chicago, in May next.

The Association adjourned to meet in Kewanee, July 14.

Gleanings from Our Exchanges.

ON LACERATIONS OF THE PERINEUM.

By Wm. Goodell, M.D.

From the Philadelphia Medical and Surgical Reporter, Feb. 21, 1874.

THE immediate closure of the rent in lacerations of the perineum ought by this time to be fully recognized by the profession as a very important means for the prevention of future mischief to the reproductive organs. As I have elsewhere shown (*Trans. of the State Med. Society of Pennsylvania, for* 1873), and here take the liberty of repeating, the loss of every fibre of muscle in the perineum entails a corresponding loss of power in the floor of the pelvis, and a consequent impairment of support to the reproductive organs. The sustaining power of the vaginal column depends upon the integrity of its perineal abutments. It is the tonicity of the vaginal walls, and the pelvic connections of the womb, that mainly keep it in place. These, in a case of torn perineum, may not at once yield, but will sooner or later; for air gains access to the womb, irritating and congesting it to such a degree that it ultimately prolapses from an acquired hypertrophy. Unless, therefore, the rent is simply cutaneous, or very slight indeed, it should not be left to nature. Further, it is far more rational to take advantage of the necessary confinement in bed after delivery, and to close the wound at once, while its surface is raw, and the maternal soft parts are comparatively numb and insensible, than to postpone the operation to a time when the woman shall be nursing, when the cicatrized flaps

shall demand quite a formidable operation for their denudation, and when a special confinement in bed for two weeks or more will be needed.

My own method is, immediately after the delivery of the placenta, to pass deeply two or more wire sutures, securing each one by merely twisting its ends together. In bad rents, the first stitch is entered not quite half an inch below the lower angle of the wound, and about an inch from its margin. When the sphincter ani is torn, the cutaneous points of entrance and of exit of the first needle should then be nearly on a level with the lower margin of the anal orifice, and the suture should pass around the whole wound. This purses up the tissues from below upward, and secures complete coaptation. Enough opium must be given daily to keep the bowels quiet for a week.

In severe lacerations the woman's knees must be kept bound together for a week, and her urine drawn off for three or four days. On the third or fourth day, but not earlier, lest the process of immediate union should be interrupted, vaginal injections of weak solutions of carbolic acid, or of the permanganate of potassa, are made twice in the twenty-four hours. These soothe the parts, and correct the bad odor of the discharges. Without reference to any special time, the sutures are removed as fast as they become loose, usually from the seventh to the ninth day. On the eigth or tenth day a seidlitz powder, or one dessert-spoonful of castor oil, is given every four hours until an inclination to go to stool is urgent; then an injection is given in order to liquify the contents of the lower bowel. This method of uniting the parts, both in the immediate and in the secondary operation, after the cicatrized surfaces are denuded, I can warmly recommend, as I cannot recall but one case, and that a very unruly one of puerperal mania, in which there was failure in obtaining a very good union. It ought, however, to be stated, that in secondary operations superficial sutures should be placed between the deep ones, and that the latter should be clamped with perforated shot. In order, also, to pare each side of the rent with unerring uniformity, after freshening the surface of one side, its exact print in blood can be got on the other by pressing the nates together for an instant. A very troublesome symptom in these cases is flatus. If it does not yield to valerian, a gum catheter should be very carefully passed up into the rectum.

Many lacerations are, in my opinion, owing to the very common mistake of making so firm a pressure upon the perineum as to prevent it from undergoing an equable dilation. The portion thus compressed cannot take its share of the general tension, and the strain is thrown on the fourchette. Further, the pressure of the hand, by obstructing the free circulation of blood, impairs the vitality of the perineum. Bruised and benumbed, it is no longer a living tissue, capable of responding intelligently, so to speak, to the requirements of the occasion—when to repel, when to solicit, the advance of the head—and this nice point nature can very generally determine far better than the physician. Again, the word "*support*," as applied to the perineum, is a misnomer. No "support," in the ordinary acceptation of the word, is afforded to the perineum by direct pressure. If such a method ever accomplishes any good, it is by retarding the advance of the head, in other words, by *supporting* the head through the interposed perineum, and not by supporting the perineum itself. Why not, then, support the head by pressure directly applied to it, instead of through a medium which requires perfect freedom from all restraint in order to undergo the requisite and inevitable amount of dilatation? Finally, a majority of the advocates of "support" contend that it is most needed at the very moment of expulsion. But the woman, in the agony of the final throes, is very likely to jerk herself away from the hand of the accoucheur. Of course, then, the perineum, being abruptly released from counter-pressure, is more liable to

yield to a strain suddenly sustained, for which its fibres are unprepared. Obstetric teachers recognize this danger, and in vivid language caution the student against it.

Although I believe that in the vast majority of labors the perineum does best when let alone, yet cases do undoubtedly arise which demand an intelligent assistance; nor can the line of demarkation be always drawn between natural and morbid conditions. Whenever the head in an occipito-anterior position is too much flexed, and the vertex bears on the perineal center, threatening perforation; whenever, in an occipito-posterior position, the head is too little flexed, the forceps are urgently needed. For cases of extreme rigidity, or of an undersized vulval opening, ether will be found a potent remedy. Apart from a direct and retarding pressure upon the presenting part itself, the only manual aid that I permit myself to render is as follows: Insert one or two fingers of the hand into the rectum, the woman lying indifferently on her side or on her back, and hook up and pull forward the sphincter ani towards the pubes. The thumb of the same hand is then to be placed upon the fœtal head, scrupulously avoiding all contact with the fourchette. For this method I claim the following advantages: (*a*) By pulling up the sphincter ani towards the pubes not only is nature imitated, which always dilates the anal orifice, but the perineum is brought forward without direct pressure, and its dilatation is diffused over its entire surface, causing a corresponding relaxation of the strain on the posterior commissure, in the line of its raphe. In addition, its muscular fibres are crowded up to, and consequently strengthen, the line of greatest tension; just as a prudent general hurries up reinforcements to the point of attack. (*b*) The same force which dilates the sphincter ani compels the occiput to hug the pubes, and favor extension, especially if the fingers in the rectum are hooked over the prominences of the fœtal face, or over the chin. (*c*) This aid is not liable to sudden interruption from the movements of the woman. (*d*) The thumb of this hand, together, if necessary, with the fingers of the free hand, can, by direct pressure upon the presenting part, restrain its too rapid advance, without exciting that reflex uterine action which is so frequently evoked by the irritation of contact with the perineum. (*e*) The circulation of the blood remains free; the nerves are not benumbed by a double pressure, and the perineum, therefore, continues in its natural condition, that of a living, elastic and sentient tissue. This method I have more fully described in an essay published in the *American Journal of the Medical Sciences*, January, 1871, p. 75. To it I beg leave to refer those of my readers who are interested in the subject of the management of the perineum during labor.

Misdirected traction on the after-coming head, viz., too much in a downward direction as the head is about to emerge, is very commonly followed by a very bad rent of the perineum. Even in head-presentations, requiring apparently but slight traction, the use of the forceps will often occasion a slight tear in the vagina, which the passage of the shoulders prolongs into the perineum. From too hurried a delivery, or from faulty traction, I have seen so many bad lacerations following the use of this instrument, even in practiced hands, that I can not withhold the opinion that, in the majority of cases, nature can accomplish the final delivery of the head through the soft parts much better than the physician. In the essay previously adverted to, I use the following language, which the riper experience of three years more has not induced me to change: "Delivery by the forceps, even in skillful hands, will often produce laceration; for the head is liable to be brought down too quickly on the unprepared soft parts, and it becomes a very nice point indeed to determine the exact moment when delivery may be ended with impunity. The cautious physician is liable to be caught, as it were, 'on

the center.' He sees the perineum stretched out to a perilous thinness, and the fourchette almost cracking under the strain. In doubt whether the moment has arrived to raise the forceps-handles and turn out the head, or to depress them, and thus restrain its advance, he wavers, and in a twinkling the fibres part. On the other hand, the impatient physician is tempted to turn out the head before the parts are sufficiently dilated. Finally, what is still more frequent, at the last moment the physician's courage fails him, and he depresses the forceps-handles just as the head has begun to emerge; a course equally fatal to the integrity of the perineum." My advice is, therefore, that, other things being equal, as soon as the perineum is well dilated, the forceps should, as a rule, be removed, unless the blades are so firmly imbedded in the child's tissues that their withdrawal requires a force which might hasten the delivery of the head. This practice, if not so brilliant, will, I believe, in the long run be found much safer.

At the risk of becoming prosy on this subject, I wish to add my conviction that, through sentiments of delicacy, many lacerations of the perineum escape the notice of the physician. After the delivery of the placenta, he should, therefore, make it a rule to introduce the index-finger into the rectum, and the thumb into the vagina. By bringing them together he can estimate the thickness of the intervening tissue, and thus determine whether any extensive laceration has taken place. If a rent be discovered, he should decently inspect the parts. By daylight, this examination can usually be made without the knowledge of the patient. When candle-light is needed, he will be compelled either to make some excuse, or boldly explain his object.

APPOINTMENT.—Surgeon-General Barnes, of the United States Army, has been elected a corresponding member of the Academy of Medicine, of France, by a vote of forty-two out of forty-six.—*N. Y. Med. Journal.*

RESUSCITATION FROM CHLOROFORM-NARCOSIS (*The New Orleans Med. and Surg. Jour.*, November, 1873).—In the course of an extended experience in the administration of chloroform, it has happened three times to Dr. M. Schuppert that, to all appearances, the narcotized subject died—that is, respiration ceased, the heart stopped beating, and muscular contractility became extinct. The method he adopted for resuscitating these patients consisted in reversing the body, either by hanging them up by the feet, or laying them over a bed or table, so that the greater part of the body, with the head, hung down. In that position, artificial respiration was also tried. In one case, five minutes elapsed before there was a natural inhalation. All of them recovered. Dr. Schuppert believes that, in cases of death from chloroform, the primary cause of the cessation of the respiration and the circulation, rests in anæmia of the brain, and not in impregnation of the blood with carbonic acid.—*Ph. Med. Times.*

ACETIC ACID IN PSORIASIS (*New York Med. Jour.*, January, 1874).—Dr. Buck, of Lubeck, says that by ordinary methods of treating psoriasis, the eruption may be temporarily removed without difficulty; but no protection from relapses is afforded. He believes that in nearly all chronic cutaneous eruptions, and especially in psoriasis, an etiological treatment is impossible, and a permanent result is promised only by a consistent external treatment. He has obtained the best results from the use of acetic acid. After the epidermal growths have been softened and loosened by several warm baths and soap, the glistening scales are removed with a soft brush. At first, a few points of the eruption are to be penciled once a day; and this is to be repeated until the skin remains smooth and feels normal to the touch. There are never any scars left. The treatment lasts from four to six or eight weeks, and, properly carried out, is not followed by relapses.—*Phil. Med. Times.*

THE NEW LOCAL ANÆSTHETIC.—The observation of Horwath, of Kiew, that absolute alcohol at a temperature of 20° Fahr. is a most efficient local anæsthetic, deserves to be remembered and acted upon. He finds it far superior to cold ether, or ice, or the spray of volatile substances.—*Philadelphia Medical and Surgical Reporter.*

Book Reviews.

THE Student's Guide to Surgical Anatomy, being a Description of the most important Surgical Regions of the Human Body, and intended as an Introduction to Operative Surgery. By Edward Bellamy, F. R. C. S., Associate of King's College, London, &c. With illustrations. Pages 287. Philadelphia: Henry C. Lea, 1874,

The key-note of this valuable treatise is found in its introduction, where the student is reminded of "the necessity of making most careful inspection of the body, as a whole, before he attempts the more minute and detailed examination of its various parts. For this purpose, both the living model and the dead subject should be examined together. By the side of the body should be placed an entire articulated skeleton. Careful notice is to be taken of all the surface markings and of the superficial bearings of all prominent underlying structures."

It is a curious and remarkable fact, that the field of applied anatomy may be almost a *terra incognita* to him who has fully mastered the details of descriptive anatomy. This order of things was reversed in the day when a mistaken reverence for the human body proscribed its dissection, and when the plates, executed after nature by Andreas Vesalius, were unknown. Artists were the better anatomists of that period. Michael Angelo is said to have painted so boldly that he used his whole arm, rather than his fingers; and his drawings are anatomical studies to-day. Leonardo da Vinci sketched the pelvis at an angle of inclination to the vertebral column, which recent investigations only have proved to be correct.

We welcome Mr. Bellamy's work as a contribution to the study of regional anatomy, of equal value to the student and the surgeon. It is written in a clear and concise style; and its practical suggestions add largely to the interest attaching to its technical details. Of the fifty illustrations, some are taken from Fergusson, Heath, and Richet; but others are produced from drawings on wood by the author, and are certainly equal to the others in point of excellence and originality. Such, for example, as "the vertical section of the thorax through the clavicle, showing the relations of the subclavian vessels," and "the diagrammatic section of the shoulder-joint," give us an appreciation of the privileges of the students who attend the lectures on Operative Surgery at Charing Cross Hospital. After an inspection of these plates, the anatomist cannot avoid the con-

clusion that he has seen them before, in the cadaver; and cannot but wonder that they have hitherto failed of representation in the various treatises on surgical anatomy.

We cannot avoid quoting the concluding phraseology of one paragraph, as it gives expression to a thought which has occurred to the minds of many who have returned to their old dissecting-rooms with a riper experience than in the day when they assiduously labored there:

"It is often the end and aim of the dissector to make a clean or 'pretty' preparation, in following out the various vessels, nerves, etc., and for this purpose it is quite right that all pains be taken; but the student must remember that the more he cleans, the more he destroys the actual relation of the parts as they would be met with in an operation; and, moreover, he must remember that the very fasciæ he so studiously removes, are of the very greatest importance in surgical anatomy; and their removal destroys surgical continuity."

The volume is well printed, and will doubtless re-appear in several editions. J. N. H.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M.D., and William Pepper, M.D. Fifth edition, revised and enlarged. Philadelphia: Lindsay & Blakiston, 1874.

This work is undoubtedly familiar to all of our readers. In its previous editions it has been fully reviewed in THE EXAMINER.

The chapters on the treatment of scarlet fever, and on variola and the vaccine diseases, have been re-written, and the views expressed somewhat modified from the previous editions. Articles on pulmonary emphysema, pneumothorax, affections of the tonsils, retro-pharyngeal abscess, malarial fever, and scrofula, have also been added. This increases the size of the volume to a little over 1,000 pages.

A Dictionary of Medical Science; with the Accentuation and Etymology of the Terms, and the French and other Synonyms. By Robley Dunglison, M.D., LL.D. A New Edition, enlarged and thoroughly revised by Richard J. Dunglison, M.D. Philadelphia: H. C. Lea, 1874.

For forty years this work has maintained its position as the standard medical lexicon of the English language. The author was engaged in the revision of the work, preparatory for the present edition, when prostrated by the prolonged illness which terminated his life. The work was continued by his son, Richard J. Dunglison; and by him the revision and amplification have been thoroughly and conscientiously carried out.

The present edition contains a large amount of new matter, including more than six thousand subjects and terms not treated in the previous editions, and increasing the size of the volume about one hundred and fifty pages.

It is a volume that forms a necessary part of every physician's library.

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THE

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A

Semi-Monthly Journal of Medical Sciences.

EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

DISEASES OF LACHRYMAL APPARATUS.

A PAPER READ BEFORE THE MILITARY TRACT MEDICAL SOCIETY, JAN. 13, 1874, BY L. L. LAMBERT, M.D., GALESBURG, ILL.

MR. PRESIDENT AND GENTLEMEN: I have thought I might with advantage invite your attention to some of the diseases affecting the lachrymal apparatus. I shall not enlarge upon their pathology or diagnosis, but make some general remarks, and some more special, in reference to their treatment.

Diseases of the different parts, one or more, going to make up this apparatus are very common, and receive but too slight attention from the profession generally. I do not think this obtains from a direct want of knowledge of these diseases, and of their appropriate treatment, but, seemingly, only from the indirect manner in which patients are put off by the physician when they call for treatment.

Excuse the diversion; but I would remark here that there is a greater percentage of persons inconvenienced by some derangement of the organs of hearing, than there is of those suffering from disease of any other one organism; and you, gentlemen, are aware of the unconcerned attention paid to ear-patients generally.

In this last class of affections, and in those of the lachrymal apparatus, were all patients to receive, when first they call upon their physician for advice, that faithful attention which nearly all know so well how to favor them with, then would the patient be relieved, would be spared years of inconvenience, and permanent injury averted, which, coming on, remains as an advertisement of the negligence of the physician, who, with the abil-

ity, did not see anything very bright or brilliant to stimulate him to make curative use of his practical knowledge in the direction of these uninviting diseases.

Physicians do have a distaste, as a general thing, for the treatment of nearly all of the diseases of the ear and eye. This is not right. And it is this distaste which so often excuses them—with themselves—for turning patients away with a very casual examination, and with just as casual a prescription. I must say that I think it is such attention, given and received, which causes to be developed a great majority of the worst cases met with in these classes of disease.

But I would confine myself to lachrymal diseases, not alone enumerating names, but would allude to the symptoms and course of some, and speak of the importance of their early treatment; and, if you please, exhibit for your inspection a selection of instruments and appliances I use for their treatment in my practice.

In reference to dacryocystitis, or inflammation of the sac, and to blennorrhœa of sac or mucocele, I need only say that the first-mentioned is an *active* inflammation, while the latter, mucocele, is a passive inflammation of the sac. Either disease may precede, or be followed by, the other, while in the presence of either are developed much the same effects, and much the same course of symptoms. With the symptoms and diagnosis of these diseases you are all familiar. In either case you will notice the small tumor just below the inner canthus, filled, in the case of dacryocystitis, with pus, and, in the case of mucocele, with a gray, viscid mucous of a light color. In the first case you may fear the formation of a fistulous opening, and a discharge of the pus through the anterior wall of the sac, and through the cutis. In the second case, mucocele, this danger is not so much to be apprehended as that of the escape of the contents of the sac through the puncta, which occurs the more readily since these contents are fluid.

In these cases, when they first occur, or after, the indications for treatment are, first, to provide a ready means of escape for the pus from the sac. This is best accomplished by slitting the lower canaliculus, and possibly also the upper one, well into the sac. For this purpose there have been various knives constructed by Bowman, Weber, and others; but the best instrument is the scissors, such as I show you in this selection. They are much the easier instrument to manipulate, produce the least pain, and are more certain to divide the canaliculus well into the sac. The canaliculus, divided, provides a ready passage for the tears into the sac, and thus the annoying epiphora is relieved, which continuing, the tears flowing over the lower lid, irritate the skin, and this contracts and produces a partial ectropion, which further distorts the lids and puncta; and thus is added a quite serious complication to an already bad disease.

Secondly, ascertain immediately whether there is a stricture, partial or complete, of the nasal duct. This is readily ascertained by the use of Anel's eye-syringe, which I show you, and which is fitted with gold points for insertion into the puncta, and can be used for cleansing the sac and duct, even before the canaliculus is divided. If the fluid readily passes

down into the nostril, there will be no need of using the probe. If it does not, then use the probe. For this purpose I have made choice of a small whalebone, or, better still, a small lead probe; either of which will not allow of sufficient force to produce false passages, and, again, are so pliable as to readily adapt themselves to any curvature they may pass, and in the case of the lead one, when carefully removed, it at once indicates to you the curves to be sought and used, in case a style is found necessary.

In all cases in which water can be made to pass through the duct, I deprecate the use of the probe or style; for, too often, strictures are thus formed where none existed before. But in case we meet with a firm obstruction in the duct, it must be broken down. The lead probe may be found to fail, and you must resort to the silver probe. But this will seldom occur; and in these cases I recommend the immediate use of the style. Now, in my practice I use those made by myself, of lead, and of such size as I may determine in each case, usually commencing with a small size. But whatever style you use at first, never leave it in the passage longer than twenty-four or thirty-six hours, as the existing inflammation is most prone, in all cases, to assume an erysipelatous character, and will soon develop into active and real erysipelas. At first, then, frequently remove the style, and perfectly cleanse the passage. The wearing of an appropriate style is much the better treatment than frequent probings. After the subsidence of all symptoms of active inflammation, the style can be left in for a longer time. But before this, I would caution you against leaving it in longer than twenty-four or thirty-six hours, and to frequently cleanse the passage. I use as astringents for cleansing the sac and duct, a two or four grain solution of zinci sulph., cupri sulph., acetate of lead, or alum; or, far better than either, a solution of carbolic acid, from one-half to two grains, to one ounce of water.

As a general remark, I would add, if there is nasal catarrh, treat this, that the inflammation may not again extend up the duct and again reproduce the stricture, or the inflammation of the sac, or the mucocele.

I think that, in nine cases out of ten, if the patient were treated with Anel's eye-syringe, and the frequent free use of the carbolic solution, when he first noticed any difficulty with the tear-passages, stricture would not result: and if at all, would readily yield to this simple treatment; and in quite obstinate cases, a persistence in this treatment will often reward you with the most pleasant and permanent results, probably without having recourse to any other operative treatment than a slitting up of the canaliculus, or, may be, the canaliculi.

In case it should be necessary to wear a style, this, as well as the probe, should always be inserted through the divided canaliculus, following the natural passage.

The practice of puncturing the sac and passing the probe or style through this puncture, has fallen into well-merited disuse.

There is a common practice now of dividing the stricture in several directions, by the use of a knife devised by Dr. Stilling, two of which I show you in this selection of instruments.

The knife is passed into the sac through the divided canaliculus, and thence into the duct, and the stricture divided in at least three or four directions. This practice is a good one, as it does away with the use of the probe and style, and the patient is freed from the inconvenience and annoyance of wearing a style for a long time. But, to compensate for this relief, he has to undergo quite a formidable surgical operation.

In the hands of energetic, skillful, and experienced physicians, this practice finds much favor, as it accom plishes good cures in a short time.

One more fact I would notice, and that is this, that, in the case of strictures treated with the probe alone, by division, and more especially when the style is used, the after-treatment is of the utmost importance to secure a good result. In fact, it amounts to but little—the mere breaking down of a stricture; and where most fail is in not giving the patient that careful after-treatment of which I have spoken.

POST-MORTEM APPEARANCES OF THE BODY OF ANDREW J. PERTEET (COLORED), EXECUTED AT JOLIET, ILL., DEC 19TH, A.D., 1873.

REPORTED BY DR. BEN. MILLER, SANITARY SUPERINTENDENT, CHICAGO BOARD OF HEALTH.

THE crime for which this man was executed was that of uxoricide, committed some two years before. The act was done with a razor, the incision beginning at a point about an inch below the angle of the left jaw, partly severing the sterno-mastoid muscle, extending to the right and slightly downward in its course, severing the trachia and the carotid vessels, and pneumogastric nerve of the right side, and chipping off a portion of the transverse process of one the cervical vertebræ.

The gallows on which he expiated his crime was the ordinary upright post cross-beam, with a rope passing through pulleys, and attached to a heavy weight, which had a fall of eight feet. This was held by a lever. After being pinioned, the noose was placed about his neck, and the lever drawn. The falling of the weight, eight feet threw his body into the air to a corresponding height, when it fell, with a sudden thud, returning about four feet.

The prisoner was a large, muscular man, with a neck measuring nineteen inches, and weighed two hundred and fifty pounds. I placed my finger on the pulse immediately after he dropped. At that time, no heart beat was perceptible; but a spasm of the heart could be detected, which after two or three attempts, began to pulsate, and during the first minute beat 48 strokes; the volume of the pulse was full and bounding, but the beats irregular; at the end of two minutes, still irregular, but weak, and beat

ing 100 per minute; at three minutes, 120 beats per minute; at three and a half, 130, and very feeble; then it began to beat slower, with slightly increased force; and, at four minutes, had dropped to 60 beats per minute, and very irregular; at five minutes it had fallen to 52, the beats during the last half of the minute being scarcely perceptible; and then stopped; after ten or twelve seconds the heart made several feeble attempts to contract, and then stopped. The body hung thirty minutes, and was then cut down.

The countenance was natural; mouth firmly set, and the pupils of the eyes dilated. The first incision was made just forty minutes after the drop fell: the tissues warm; and the muscular fibers, upon irritation, would contract slightly.

The chest was first examined: lungs healthy; on right side, old pleuritic adhesions; the substance of the lungs was enormously engorged with blood, so much so that I can readily see how apoplexy of the lung might occur from the pressure.

The heart was healthy; on right side, a soft clot was present; the left side empty. The stomach contained about a pint of partly digested material, of the consistency of tomato soup, consisting of bread, eggs, and water. He had eaten no dinner; ate breakfast at eight A.M., and drank a glass of water just before the drop fell. The mucous membrane was covered with gastric fluid, and presented a beautiful rose-colored appearance. The villi seemed, to the naked eye, to be congested and erect, but perfectly healthy. The kidneys, spleen, and liver were healthy. The bladder was about one-third full of urine

The head was opened, and the membranes covering the brain exposed. They were found almost bloodless; but on cutting them, a quantity of serum exuded. The brain-substance proper presented the same appearance; and on cutting it, a large quantity of serum exuded. The brain weighed fifty-six and one-half ounces.

The neck was carefully examined, but was found not to be broken. The noose had slipped so that when removed from the neck it measured only thirteen and a half inches, being a compression of five and a half inches. Death was evidently caused by nervous shock, as he died very quickly and easily.

HYDROCELE AND HYDRO-SARCOCELE.

By A. Given, M.D., Louisville, Ky.

IN August, 1873, Mr. E., of New Orleans, aged fifty-five years, gave the following history of his case: Sometime during the winter of 1872 he noticed that the left side of the scrotum was enlarging. In April, 1873, he was operated on, and a large quantity of liquid was drawn off. In a few weeks after the operation the scrotum was as large as ever. He was

again operated on, and over a pint of serum was drawn off, and a medicated liquid was injected, which caused much pain and inflammation; from which he suffered nine days.

In about two weeks after the last operation, the scrotum was re-filled. He refused to submit to another operation, and applied to me for treatment. I put him upon the use of the following:

℞—Camph. soap, liniment, ℥ v.
Tinct. iodine, ℥ j.
Glycerine, ℥ ss.
Mix, and apply to scrotum three times a day.

For internal treatment, he was directed to take twenty-five drops of the muriated tincture of iron, in half a glass of sweetened water, three times a day.

On February 5th, 1874, I received a letter from my patient, stating that, after using the medicines one week, the swelling began to subside. He continued the treatment two months, and might have discontinued it sooner, but was afraid the disease would return.

He closed by saying that he was cured, and that he had not lost a day's work during the treatment.

HYDRO-SARCOCELE.—Mr. W., aged forty years, says that one year ago he received a blow on the testicles, which caused inflammation of the left testicle. The acute symptoms passed off, and left the testicle enlarged and tender. About three months ago, he noticed that the scrotum was enlarging.

Upon examination, I noticed that the left testicle was about three times larger than the right one; and that it was quite painful to the touch; and the scrotum contained a large quantity of serum. The scrotum measured ten inches in circumference. I kept the parts at rest, and put him upon the same plan of treatment as above, and gave opium to relieve pain; and in four weeks he was able to return to his work. The testicle was free from tenderness, but was somewhat larger than the other; the scrotum contained no serum, that I could detect.

I have cured two cases of hydro-sarcocele, and eleven cases of hydrocele, eight in children and three in adults, by the above plan of treatment.

I need not dwell on the therapeutic action of iodine in these affections, for it is, undoubtedly, well understood by the profession.

In regard to the internal use of muriated tincture of iron in hydrocele, I imagine that it assists in the cure by increasing the plasticity of the blood, and thus retards the tendency to dropsical effusions; and, by improving the quality of the red globules of the blood, the parts are stimulated to a more active resorption of the effused serum.

BROMIDE OF CALCIUM.—This remedy, suggested by Dr. Hammond, has been investigated by Dr. Guttmann, of Berlin, whose paper appears in the *Allgemeine Medicinische Central-zeitung*, December 6th. The latter finds it about one-third or one-fourth as strong as the bromide of potassium, and disagrees entirely both with Dr. Hammond's clinical and chemical theories of its value.—*Phil. Med. and Surg. Reporter.*

Translations.

TREATMENT OF PNEUMONITIS.

By Dr. A. Hermann, of Pesth.

Translated for The Examiner, *from the Allgemeine Wiener Med. Zeitung, by* H. Gradle.

(Continued from Number IV.)

THE inquiry as to the influence of age on the inflammation of either lung, finds an answer in the following tables:

I.—Right Lung Affected.

Of	1	case	at	the	age	of	9	years,	there were no deaths.
"	16	"	"	"	"	11-20	"	"	" "
"	23	"	"	"	"	21-30	"	"	" 1 "
"	11	"	"	"	"	31-40	"	"	" 1 "
"	10	"	"	"	"	41-50	"	"	" 2 "
"	9	"	"	"	"	51-60	"	"	" 1 "
"	5	"	"	"	"	61-70	"	"	" 4 "
"	4	"	"	"	"	71-80	"	"	" 3 "
	79	"							12 "

II.—Left Lung Affected.

Of	17	cases	at	the	age	of	11-20	years,	no deaths.
"	13	"	"	"	"	"	21-30	"	1 "
"	11	"	"	"	"	"	31-40	"	no "
"	3	"	"	"	"	"	41-50	"	" "
"	3	"	"	"	"	"	51-60	"	2 "
"	3	"	"	"	"	"	61-70	"	no "
"	0	"	"	"	"	"	71-80	"	" "
"	1	"	"	"	"	"	-94	"	" "
	51	"							3 "

III.—Both Lungs Affected.

Of	5	cases	at	the	age	of	11-20	years,	no deaths.
"	5	"	"	"	"	"	21-30	"	2 "
"	4	"	"	"	"	"	31-40	"	no "
"	1	"	"	"	"	"	41-50	"	" "
"	2	"	"	"	"	"	51-60	"	2 "
"	2	"	"	"	"	"	61-70	"	1 "
	19	"							5 "

Altering this table, for the sake of simplicity, the following results are obtained.

Of 61 cases of inflammation of the right lung, below 50 years, there were 4 deaths—a mortality of 6.5 per cent.

Of 18 cases of inflammation of the right lung, above 50 years, there were 8 deaths—a mortality of 44.4 per cent.

Of 44 cases of inflammation of the left lung, below 50 years, there was 1 death—a mortality of 2.2 per cent.

Of 7 cases of inflammation of the left lung, above 50 years, there were 2 deaths—a mortality of 28.6 per cent.

Of 15 cases of inflammation of both lungs, below 50 years, there were 2 deaths—a mortality of 13.3 per cent.

Of 4 cases of inflammation of both lungs, above 50 years, there were 3 deaths—a mortality of 75.0 per cent.

Further remarks on these statistics are superfluous. Their significance is self-evident; but their practical application is strikingly illustrated by the unequal success in different years, though the locality, the accommodations, the nursing, and even the treatment, were the same for all patients. Of the cases of genuine pneumonitis treated, there were—

In	1866,	7	cases,	with	3	deaths,	or	42.8 per cent.
"	1867,	19	"	"	1	"	"	5.2 " "
"	1868,	28	"	"	2	"	"	7.1 " "
"	1869,	19	"	"	2	"	"	10.5 " "
"	1870,	36	"	"	8	"	"	22.2 " "
"	1871,	33	"	"	6	"	"	18.1 " "
"	1872,	21	"	"	3	"	"	14.2 " "

As before stated, the surrounding circumstances were not altered during the entire period. The varying mortality, therefore, of 42.8 per cent. one year, followed by 5.2 per cent. the next, rising subsequently again to 22.2 per cent., can only be accounted for by the differing malignancy of the disease, and the age.

Unable to explain the difference in severity, physicians of former times escaped the ensuing dilemma by assumption of an arbitrary "Genius Epidemicus," a spirit which would now and then slight, and again favor, the individual practitioner—an ingenious little device, quite satisfactory in those times, and certainly as scientific as some expressions of our

modern terminology. If, for instance, of a number of children of the same parents, equally reared and educated, one or two present the scrofulous diathesis, while the rest escape, the term, "Predisposition to scrofulosis" conveys, certainly, no more information than the ancients derived from a consultation of the "Genius Epidemicus." Critical observation, however, has rendered this evil spirit more tangible. The fanciful outgrowth of imagination, taking the place of patient investigation and deliberate reasoning, could not maintain its existence against the results of these better methods of research; and partially, at least, is the present generation familiar with the influences and conditions whose sum represents the "Genius Epidemicus." But to judge correctly of the import of each influence, circumstance, as age, sex, constitution, hygienic relations, previous health, etc., is a problem, the solution of which will differ with the subjective view of the physician, who, perhaps, unacquainted with, or underrating one, will comparatively overestimate the other; whence, the *tout ensemble*, in a prognostic aspect, will not be of the same significance with different observers. Therefore, when Juergensen speaks of a pneumonitis disappearing in twenty-four to thirty hours, the author, without any personal insinuations whatever, cannot but doubt such an occurrence—at least, denies having seen it; and, since he affirms that all doubtful cases have been rigorously excluded from his analysis, *can conscientiously maintain that no difference in the inherent malignancy of his cases existed.*

Paying due consideration to the age of the patient, which, alone, will not explain the great discrepancy of the results, another factor is to be sought in the extent of lesion, the involvement of one or more lobes, the affection of the right or left side, or both; and this theoretical explanation is sustained by the analysis below:

1866—	3	cases	inflam'n	right	lung,	with	no	deaths.
"	3	"	"	both	"	"	2	"
"	1	"	"	(?)*	"	"	1	"
Tot'l,	7	"				"	3	—42.8 p.c.
1867—	10	cases	inflam'n	right	lung,	with	no	deaths.
"	5	"	"	left	"	"	"	"
"	3	"	"	both	"	"	1	"
"	1	"	"	(?)*	"	"	no	"
Tot'l,	19	"				"	1	— 5.2 p.c.
1868—	11	cases	inflam'n	right	lung,	with	1	death.
"	9	"	"	left	"	"	"	"
"	4	"	"	both	"	"	no	"
"	4	"	"	(?)*	"	"	1	"
Tot'l,	28	"				"	2	— 7.1 p.c.
1869—	6	cases	inflam'n	right	lung,	with	1	death.
"	9	"	"	left	"	"	1	"
"	4	"	"	both	"	"	no	"
Tot'l,	19	"				"	2	—10.5 p.c.
1870—	23	cases	inflam'n	right	lung,	with	6	deaths.
"	10	"	"	left	"	"	1	"
"	3	"	"	both	"	"	1	"
Tot'l,	36	"				"	8	—22.2 p.c.
1871—	16	cases	inflam'n	right	lung,	with	2	deaths.
"	9	"	"	left	"	"	no	"
"	2	"	"	both	"	"	2	"
"	6	"	"	(?)*	"	"	2	"
Tot'l,	33	"				"	6	—18.1 p.c.
1872—	12	cases	inflam'n	right	lung,	with	2	deaths.
"	8	"	"	left	"	"	1	"
"	1	"	"	both	"	"	no	"
Tot'l,	21	"				"	3	—14.2 p.c.

SUMMARY:

Cases	163
Deaths	25
Mortality (per cent.)	15.34

These facts throw a decidedly dubious light on the superiority of any treatment, if judged by the comparative mortality in a certain number of cases, unless they are completely specified and classified; for how are we to know whether or not the "Genius Epidemicus" did not extend its arbitrary partiality to the physician who records the analysis, and favor him with, perhaps, unusually light cases, or with individuals of tough

* Unknown which side affected.

constitution and great powers of endurance, to the detriment of his neighbor, whose ill-fate may have conducted him to the bedside of patients struggling in vain for life? But the great discrepancy in the mortality of different years finds no sufficiently satisfactory cause in the seat of the lesion. The author, therefore, cites the variation of the other factor referred to—the age:

1866—	3	cases	below	50	years, with	no	deaths.
"	3	"	above	50	" "	3	"
"	1	"	unknown		" "	no	"
1867—18		"	below	50	" "	1	"
"	1	"	above	50	" "	no	"
1868—23		"	below	50	" "	no	"
"	3	"	above	50	" "	2	"
"	2	"	unknown		" "	no	"
1869—16		"	below	50	" "	1	"
"	3	"	above	50	" "	1	"
1870—27		"	below	50	" "	3	"
"	9	"	above	50	" "	5	"
1871—24		"	below	50	" "	1	"
"	9	"	above	50	" "	5	"
1872—15		"	below	50	" "	no	"
"	6	"	above	50	" "	3	"

The therapeutic measures were not altered during the entire period; but had they been during any special year, the remedial triumph that might have been claimed in 1867-68, could not have been disputed by an unbiased judge; and only the knowledge obtained from a careful and extended series of statistics, would prevent a candid observer from falling into error in this direction.

Perhaps a more correct criterion of the success of any treatment, is to be found in the duration of the disease thus influenced; and, substituting for the length of time of the affection (which is frequently beyond accurate computation) the period of hospital residence, the author reports this as—

From	1	to	7	days	for	6	patients.
"	8	"	14	"	"	47	"
"	15	"	21	"	"	46	"
"	22	"	28	"	"	18	"
"	29	"	35	"	"	14	"
"	36	"	42	"	"	4	"
"	43	"	45	"	"	3	"
					Total,	138	"

The average number of days of hospital residence is expressed by 18.37 days; and, since rarely a patient enters the building but that three times twenty-four hours have elapsed since the onset of the disease, twenty-one days can be taken as the average duration of pneumonitis.

Since age exercises such vast influence on the mortality, it might be profitable to study the extent of its sway on the duration of the disease; an answer to which inquiry is furnished in the following table:

At age of 9 years.	11–20 yrs.	21–30 yrs.	31–40 yrs.	41–50 yrs.	51–60 yrs.	61–70 yrs.	71–80 yrs.	81–94 yrs.	Patients remained in the Hospital.
----	2	1	2	--	1	--	--	--	1 to 7 days.
1	17	16	5	4	2	--	1	--	8 " 14 "
----	14	14	8	4	3	1	--	1	15 " 21 "
----	5	3	2	3	3	1	--	--	22 " 28 "
--	1	3	7	1	--	2	--	--	29 " 35 "
----	2	1	1	--	--	--	--	--	36 " 42 "
----	--	1	1	1	--	--	--	--	43 " 45 "

If, for facility of survey, we limit our attention to the difference between patients above and below fifty years of age, we find that—

Below 50 yrs.	Above 50 yrs.	Patients remained in the Hospital.
5	1	1 to 7 days.
43	3	8 " 14 "
40	5	15 " 21 "
13	4	22 " 28 "
12	2	29 " 35 "
4		36 " 42 "
3		43 " 45 "

Now, while the majority of all patients did not remain above the average number of days, of those above fifty years a much greater percentage necessitated a longer than the mean duration of treatment; and it is undoubtedly the experience of most practitioners, that the older the individual, the longer will he require medical attention. Neither is this contrary to the laws of nature; and it is thus seen that even this index of remedial efficacy, viz.: the duration

of the disease, is liable to be misinterpreted, without due regard to all accompanying circumstances.

A slight doubt is perhaps admissible, whether the time of discharge was determined by an invariable guide. The author informs us that the completion of hospital residence was governed by the perfectly normal temperature, the absence of abnormal results by percussion and auscultation, and such a degree of physical and mental well-being of the patient as to induce a desire for a change of location; but even if a slight inaccuracy does exist in these cases, there is certainly none in the record of deaths. As before remarked, 25 patients out of 163 succumbed to the disease; and of these,

8	died	1	to	3	days	after	admission	to	the hospital.
9	"	4	"	7	"	"	"	"	"
5	"	8	"	11	"	"	"	"	"
3	"	12	"	16	"	"	"	"	"

The first week, therefore, closed with 68 per cent. of all deaths; and as the mean duration of life, in these cases, was found to be 5.96 days, this analysis, as well as universal experience, justifies the physician in giving hope after the lapse of the first week. In examining the influence of age on the lease of life, in this affection, results like the following are obtained:

Below 50 yrs.	Above 50 yrs.	Patients survived.
1	7	1 to 3 days.
3	6	4 " 7 "
2	3	8 " 11 "
1	2	12 " 16 "

Or, in giving a *resume:* of patients below 50 years of age, 57.1 per cent. died the first week, and 42.8 per cent. the second; while of those above 50 years, 72.2 per cent. died the first week, and 27.7 the second.

The hints to be derived from these figures, for prognosis, are, *that the ratio of mortality in pneumonitis increases with the age; and that the older the patient, the sooner will he succumb:* since three-fourths of the fatal cases above fifty years of age did not survive the first week, and none the second; while but one-half of the younger victims of death failed in the first seven days, and a number only after the second week.

(*To be continued.*)

NOTES ON SYPHILIS AND DERMATOLOGY.

Translated for THE EXAMINER, *from La France Medicale of Dec. 20th, 1873, Jan. 3d, '74; Le Progres Medical, Dec. 27th, 1873.*

GUMMY TUMOR OF THE RIGHT INDEX (*La France Medicale*).—Dr. P. Labarthe was consulted by a cabinet-maker, who exhibited to him a tumor of the size and appearance of a pigeon's egg, situated upon the radial side of the first phalanx of the index finger; painless; well-defined; having a smooth surface, resting upon an indurated base, with a central portion somewhat softer, but non-fluctuating, and presenting an uniformly reddish-violet tint.

It had existed for the previous three months and a half, and had been poulticed with subsequent application of compresses, to no purpose.

The slow development of the

growth, its painlessness, and the absence of fluctuation, pointed to something distinct from the enlarged bursæ which form in this location as a consequence of the manipulations of artisans.

The history of the case precluded the possibility of the previous entrance of a fragment of some foreign substance, introduced through the skin, and becoming subsequently encysted. These occurrences are, besides, exceedingly rare. There was no history of rheumatism.

Subsequent to this interview, Dr. Labarthe read an article by M. Verneuil, in the *Gazette Hebdomadaire*, on "Tertiary Syphilitic Affections of the Subcutaneous and Tendinous Bursæ," in which two cases were detailed. In the first, a tumor developed, in 1872, from the bursa serosa, situated upon the anterior tuberosity of the tibia, in a woman of fifty-two, who had an infecting chancre in 1863. In the second case, that of a young physician, affected with the disease four years before, the same development originated in the bursæ of the muscles of the thighs.

Dr. Labarthe at once sought his patient, and discovered, on questioning him, that he had suffered from a blennorrhagia when seventeen years old; and three years later had, consecutively, infecting sore, crusts upon the hairy scalp, and soreness of mouth and fauces. The diagnosis of a syphilitic gummy tumor was at once concluded upon, and became justified by the result, as the tumor disappeared completely in one month, after local frictions with mercurial ointment, and the internal exhibition of the iodide of potassium.

RETRO-PHARYNGEAL ADENITIS (*La France Medicale*).—A fleshy woman, twenty-two years of age, of sanguine temperament, eight months pregnant, and syphilitic since her conception, consulted M. Depres for sore thoat and inguinal adenopathy. He established, mucous patches of the velum and palate, and a tumefaction as large as a nut, on the posterior and left lateral pharyngeal wall, surrouded by granulations. By the finger, it was ascertained that the swelling was occasioned by hypertrophy and inflammation of the lymphatic ganglia of that region. The indurated mass was distinctly rounded, almond-shaped; painful on pressure; and somewhat mobile. Another similar mass, smaller, and only as large as a pea, was distinguished below. Otherwise the subjective symptoms were not marked—there was neither dysphagia, fever, nor affection of the auditory apparatus; merely a somewhat painful motion of the jaws. There was no nasal voice, fluctuation, nor the existence of an œdematous zone around the induration; hence resolution was expected. It was regarded as a case of benign syphilis, the mucous patches of the throat and vulua, and the pharyngeal and inguinal adenopathy being its sole manifestations.

The patient was entirely relieved by the usual internal treatment, in combination with an ioduretted solution of zinc, applied locally.

SYPHILITIC CIRRHOSIS OF THE LIVER (*Le Progres Medical*).—A woman who was profoundly cachetic, and who had never suffered from paludal fevers, nor the sequelæ of alcoholism, had required several courses of mercurial treatment for the relief of a

complete series of secondary and tertiary syphilitic accidents: notably periostitis and incomplete amaurosis, from probable choroiditis. The malady had existed for some three or four years, and had brought about various digestive disorders and general feebleness. She died soon after her removal to hospital.

At the autopsy, the liver was found to weigh but little more than one pound, and to measure, in its transverse diameter, seven and one-half inches. Its aspect was exceedingly characteristic. It exhibited a series of irregular prominences and depressions on the superior and inferior surfaces. At the level of the depressions, its fibrous envelope was thickened and whitish, but did not appear to extend by deep prolongations into the hepatic parenchyma. In the intervals of these fibrous tracts, the entire surface of the organ displayed a considerable number of small yellow granulations, as large as a mustard-seed. The vena porta was permeable, and the subhepatic veins returned an injection passed into the former, while the intralobular veins on section exhibited the coloring matter introduced. The microscopic examination of the liver revealed islets of cellules, separated by a strip of yellow connective tissue. There was evident proliferation of connective tissue about the branches of the portal vein. Syphilitic cirrhosis was determined to be the cause of death.

In the discussion of this case before the Anatomical Society, M. Lucas-Championniere stated that the microscopical characters of the specimen exhibited, were not demonstrative of syphilis, since many alcoholic cirrhoses possessed similar appearances. M. Cornil remarked that the liver was small, lobulated, and irregular. These are the characteristics of every cirrhosis arrived at the atrophic condition, whatever be its origin. We cannot, therefore, decide that this woman was syphilitic. The most interesting feature of the specimen is the injection of the still permeable capillaries, despite the ascitic symptoms observed during life. This fact stands in marked contrast with the ideas of the German authors, who admit that, in these cases, the hepatic circulation is dependent solely upon the hepatic artery. Here is undoubedly an interesting field for observation and research.

ERYTHEMA MARGINATUM, AND ITS RELATION TO RHEUMATISM (*Le Progres Medical*).—There are two principal varieties of the cutaneous affections designated as erythema. In the one class, the disease depends generally upon an external and a local cause, and is always circumscribed and limited to a single region; in the other, it is the result of an internal cause, and is more or less generalized in extent. Authors are generally agreed as to the fact of some general condition, which is manifested by a generalized erythema. They differ, however, in the definition of this general condition. This is true of erythema nodosum, and also of the varieties erythema papulatum, marginatum, etc., classified by Hebra under the general denomination of polymorphous erythema.

Those who rely upon the co-existence of articular pain with this exanthem, consider it to be a cutaneous manifestation of the rheumatic diathesis. Bazin declares that "Erythema papulatum, erythema marginatum, and erythema nodosum, are arthritic

in character." Trousseau, in his "Clinic of the Hotel Dieu," Ferrand, in his "Thesis on the Rheumatic Exanthemata," and Legroux, in the discussion before the Medical Society of the Hospitals, hold to the same opinion.

Others, however, do not consider that the articular pains authorize them to accept this conclusion. MM. See and Vigla, in the Report of the Society referred to above, affirm that these vague sensations of pain in the neighborhood of the joints, or in the continuity of members, are totally different from the rheumatic pains.

"I have seen," says Gubla (*Bulletin de la Societie Medicale des Hopitaux*), "cases of erythema nodosum, in which the articulations were painful, and distended with effusions. I have even seen the same disease complicated by endocardiac souffle, which might lead to suspicions of rheumatic complication; but I believe there was in these cases merely a nodose erythema, with morbid manifestations in the serous linings of the joints and internal membrane of the heart, resembling, but not actually producing, rheumatism. I protest against the application of the term rheumatism to certain painful sensations in the joints. M. Trousseau would have us believe in a scarlatinal rheumatism; and I once told him that if an effusion into a joint was proof positive of rheumatism, our medical philosophy was worthless. The painful sensations of the joints in scarlatina and erythema nodosum are rheumatoid, not rheumatic.

M. Hardy (*Nouv. Dict. de Med. et Chir.*, Art. "Erythema,") expresses himself in a similar way. He has noticed the fact of these articular pains in some cases of erythema papulatum, and, on two occasions, inflammatory affections of the endo and pericardium; "but in the majority of cases, these articular phenomena are wanting. The rheumatismal arthritis is quite similar to that occurring in scarlet fever." He says, further, "Generalized erythematous eruptions depend upon a general cause, and are so similar to the eruptive fevers that they might be arranged in the same class."

Accordingly, in his "Internal Pathology," M. Hardy describes the localized erythemata in connection with the diseases of the skin; and the generalized eruptions are considered in the chapter on Eruptive Fevers.

Jonathan Hutchinson goes a step further, and seems disposed to admit that one attack of erythema nodosum or papulatum, produces immunity from a second, and urges men of observation to consider whether it is not contagious.

Such are the principal opinions now prevalent on the subject of generalized erythematous eruptions. They have been detailed as an introduction to the following case:

A servant girl, previously healthy, in good flesh, twenty-one years of age, and a blonde, entered the Hotel Dieu April 11, 1873. Neither she nor her parents had ever suffered from any form of rheumatic complaint. Three days before, her menstrual secretion had been arrested, after a two days' flow (instead of eight, which had been her usual period of sickness), and she had, since that date, suffered from lassitude, general malaise, and moderate cephalalgia.

On admission, there was established, a few sibilant rales in the chest; a

pulse of 100 beats; a slightly red and coated tongue, with some nausea; slight redness of pharynx, and moderate heat of skin. On the surface of the abdomen and back were disseminated spots of variable form and size (circular and elongated and semi-lunar), of a delicate pale rose, almost yellow, color in the center, and moderately red at the edges, the latter tint disappearing temporarily under pressure, while the former persisted, especially in the larger patches. The center seemed somewhat depressed, while the borders of each spot were elevated to such an extent as to be appreciable by the sight and the touch. The eruption had begun upon the arms, where merely brown maculæ could now be detected, and had extended to the surface of the chest by the evening of the 10th, when it assumed a paler and more yellow (almost copper-colored) hue. This character, taken in connection with the form of certain of the patches, made room for a suspicion of syphilis. The eruption was accompanied by no pain nor itching.

The eruption gradually invaded the entire surface of the integument, as far as the lower extremities, becoming rather more yellow in shade, up to the evening of the 13th, when the patient complained of pain in the elbows and knees. This was subsequently accompanied by very great tenderness, and rosiness of the integument covering the joints. The eruption, meantime, persisted, but commenced to decline on the 15th, when a systolic murmur became audible at the cardiac apex, and the first sound of the heart imperfectly audible at its base. On the 17th, the eruption had completely disappeared. Then succeeded abundant night-sweats, friction sounds over the pericardium, several returns of the eruption on the trunk and lower extremities, alternating, apparently, with articular pain and effusion; and finally, distinct aortic insufficiency was displayed to the eye by the sphygmograph. The joints of the digital phalanges became involved somewhat later, and exhibited protuberances (nodosities of Heberden), which were slow to improve.

It was concluded that, at least in certain cases, the exanthems designated as erythema marginatum, papulatum, etc., have an evident connection with the rheumatic diathesis.

J. N. H.

DANGER OF INTRA-UTERINE INJECTIONS. — The *Gazette de Joulin* gives the details of two cases, which show that while intra-uterine injecare energetic agents in modifying the conditions of this mucous cavity, they should be employed only with caution.

In one case, though the patient had become enfeebled by repeated hæmorrhage, she endured, without suffering inconvenience, two injections of the uterine cavity. A third, consisting of a weak infusion of chamomile and diluted perchloride of iron, was succeeded by death in thirty hours, after decided symptoms of subacute peritonitis. The mucous lining of the uterus and right fallopian tube, and the adjacent peritoneal surface, were found, after death, covered with an ink-black clot, and presenting unmistakable evidences of inflammation.

J. N. H.

Editorial Department.

CHICAGO MEDICAL COLLEGE. — PUBLIC COMMENCEMENT EXERCISES.

THE Annual Commencement Exercises of this institution were held in the amphitheater of the College, on Tuesday afternoon, March 10th, 1874, commencing at 2 o'clock P.M.

The large room was closely crowded with an audience of gentlemen and ladies. C. H. Fowler, President of the Northwestern University, presided, and conferred the Degree of Doctor of Medicine on forty-four candidates, the *Ad Eundem* Degree on one, and the Honorary Degree on one. The names of the graduates are as follows:

ORDINARY DEGREES. — Mortimer David Allen, Washington Beale Anderson, William Clarence Bedford, James Charles Bigelow, Horace Henry Briggs, Henry James Brooks, Xenophen Chapman, Willis F. Cobb, Lewis Samuel Cole, Edward DeWitt Converse, Lucien Charles Cowles, James Bennet Corr, Marion Carroll Dale, Edmund James Downing, Noble Fillmore Felker, William Herron Gale, Henry Gradle, James Isaac Hale, Wilford F. Hall, William Hausman, William Gardiner Hill, Charles Hervey Hunt, George Merrit Illingworth, Alexander Porter Kell, Gideon P. Kidd, Vallorous Frank Kinney, Frederick Falkenberg Laws, James Martin McClanahan, Edson Carey Miller, John Hestor Mitchell, Wilmot Leland Ransom, Frank C. A. Richardson, Frederick Julius Schlieman, Elijah Jaffries Sniteher, Charles Chester Sperry, Henry Joseph Stalker, John Christian Sundburg, John David Tritton, William Foote Whyte, Edwin Percy B. Wilder, George Edwin Willard, George Washington Willeford, Frederick C. Winslow, Dallis M. Wick.

AD EUNDEM DEGREE.—Loyal Firman Crawford, M.D.

HONORARY DEGREE.—Charles C. Hamrick.

The President accompanied the conferring of the degress by a short, but highly appropriate and impressive, charge to the graduates, which was responded to, on behalf of the class, by Mr. Kinney, whose address, both in style and sentiment, was admirable.

The prize for the best thesis was awarded to Mr. H. Gradle; and that for the second best, to J. H. Mitchell.

The exercises were varied, at suitable intervals, by good music, and were closed by an excellent general valedictory address, by Prof. H. P. Merriman.

The spring and summer course of instruction in the College will commence on Monday, the sixth day of April next, and will be very profitable to all such students as can remain in the city.

DEATH OF DR. A. HERMANN.— On the seventh day of January, 1874, inexorable death snatched from the midst of his many friends, Dr. A. Hermann, of Pesth, the author of the

series of articles on pneumonitis, now in translation in THE EXAMINER. The perusal of the abbreviated papers cannot but call forth admiration for his thorough, logical, and careful methods of research, his keen appreciation of facts, and the spirit of candor pervading his writings—of which a large variety and number have preceded his present one—and convince the reader of the great loss to science by the untimely death (at the age of thirty-seven years) of such a talented and promising disciple. The cause of his departure is stated, by some, as acute muscular rheumatism; while others speak of hydrophobia, following a slight injury from a dog's teeth, which was neglected till it ended in this fearful manner. H.G.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF MARCH 9TH, 1874.

THE Society met as usual, in the parlor of the Grand Pacific Hotel, the President in the chair.

The minutes of the preceding meeting were read and approved.

Dr. R. H. Bingham, of Castleton Medical College, N. Y., was unanimously elected to membership; and the name of Dr. C. T. Parkes, of Rush Medical College, presented by Dr. Owens as a candidate.

Dr. W. C. Lyman then read an "Abstract of Cases Treated in the Woman's Hospital of the State of Illinois, during the year 1873." Typical cases were reported of several forms of diseases peculiar to women, and these selected from those long under consecutive treatment, in order that the tabulated results might be trustworthy. Five cases of subinvolution of the uterus were cited, in which the period which had elapsed since parturition, varied from three months to six years; ages, from twenty-three to thirty-eight years; average age, twenty-nine years; duration of treatment, two to twenty months; average duration of treatment, five months; number of local applications, four to fifty-nine; average number of local applications, eighteen. The treatment consisted, generally, of the application of nitric acid to the cervical and uterine cavities, followed by glycerine and cotton-ball pessaries, saturated with the same, kept in contact with the parts for twenty-four hours. These applications were followed by some pain, and slight hæmorrhage, readily yielding, however, to treatment by the recumbent position only. Other applications used were, saturated solu-

tion of tannin, in glycerine; Lugol's solution of iodine and glycerine; and solutions of the muriated tincture of iron.

Twenty-six cases of endometritis were next referred to, in which lesions existed of both fundus and cervix. In six of these, there was also ulceration or erosion of the margins of the os. Of the entire number, sixteen were married, and ten single; ages, from twenty-one to forty-three years: average, thirty-one; number of applications, from six to forty-eight: average, twenty-one; duration of treatment, one to twelve months: average, somewhat more than one month. Treatment, generally, by local applications of Churchill's tincture of iodine; solution of tannin, in glycerine; of the nitrate of silver, etc.; internally, mineral acids, vegetable bitters, and ferruginous preparations.

Seven cases of abnormal position of the womb were then considered, the larger number of which were treated without mechanical support, the key to the difficulty having been found in the relief of the inflammatory symptoms. Of these, five were married, and two single. Average duration of treatment, three and one-half months; average number of applications, sixteen; average age, twenty-four years. One of these cases was relieved by the application of a solution of argenti nitras, one-half drachm to the fluid ounce, introduced twice a week into the cervical cavity. Another was treated satisfactorily by the wearing of Hodge's closed lever pessary.

In all cases, special indications were promptly met.

Dr. P. S. Hayes then read that portion of the Annual Report of the Section on Pathology having regard to the nervous system. The Report was exhaustive of such material as had been published during the preceding year, on the pathology of nervous diseases. On motion, the Report was accepted.

Dr. John E. Owens then, by request of several members, made a verbal report of the operation of ovariotomy, recently done by himself, at St. Luke's Hospiral. The patient was a woman, over fifty years of age, and multiparous; and the abdominal tumor was as large as that of a pregnant female at the eighth month. Anæsthesia was induced by chloroform and ether, and the thin abdominal walls incised, without loss of blood, to a distance of six or seven inches in the mesial line, below the umbilicus. The tumor was exposed, and, as no attachments were discovered, it was readily turned out from the abdominal cavity. A single cyst, which ruptured during this process, discharged its contents into a basin held for that purpose. The tumor was found to consist of a mass of colloid material resembling, in consistency and appearance, calves'-foot jelly; and a similar degeneraton was discovered in the vermiform appendix, which was enlarged six-fold. The external surface of the small intestines was covered with red granulations, in the vicinity of the tumor, and argued ill for the success of the operation. The pedicle was secured by a clamp—an opening left for drainage—and, on the tenth day, the wound had united, and the general condition of the patient found to be as favorable as could be expected.

The speaker also read details of the following cases, occurring in St. Luke's Hospital:

CASE I.—GASO-PURULENT ABSCESS IN THE ABDOMINAL WALLS.—Sept. 17th, 1873, an unmarried girl, nineteen years of age, was admitted, with specific vaginitis. A diffused, inflammatory induration appeared, subsequently, in the abdominal walls, which was so far relieved that she left the hospital, but returned, in three and a half months, with aggravation of her symptoms, and inflammatory fever. Subsequently, a gaso-purulent abscess formed, which was left to open spontaneously. It burst in ten days after the re-admission, giving exit to a large quantity of fœtid pus and sulphuretted hydrogen gas. Convalescence was rapid; and the patient was discharged Dec. 23d, 1873.

CASE II.—PARACENTESIS, AND IMPROVEMENT FROM USE OF DRAINAGE-TUBE (*Service of Dr. M. O. Heydock*).—A young man, twenty-one years of years, entered Feb. 22d, 1872, with pleuro-pneumonia, which proceeded to a point where a fatal issue became imminent, when Dr. Owens gave exit to five pints of pus, by paracentesis, May 17th. In about one month it became necessary to repeat this operation, when a drainage-tube was inserted, which remained *in situ* till July 30th, when it was removed, in the fear that it might operate as a seton. But, in Setember, an aggravation of the symptoms occurred, when a third tapping of the chest was effected, and the drainage-tube reintroduced. This the patient has worn now, to his great advantage, for nearly one year and a half; and he reappeared in the hospital a few days since, in order to have the tube, which had grown weak from its long contact with pus, changed for a new one.

Can the tube now be altogether dispensed with? Six or eight weeks ago, a fragment of exfoliated bone, about one inch in length, was removed from the wound. Forced respiration is distinctly audible over almost all the surface of the chest. The discharge, at present, does not exceed two ounces daily. The cavity is thoroughly washed out with a weak solution of carbolic acid, every twenty-four hours.

CASE III.—AMPUTATION BY ESMARCH'S METHOD.—A re-amputation of the bones of a leg, which had formerly been crushed by an injury, was necessitated by the exposure of the extremities of both the tibia and fibula, at the bottom of an indolent ulcer. The stump was encircled by a rubber bandage, each successive turn of which was made to overlap its predecessor, till, at the edge of the last turn, a piece of elastic tubing was brought around the limb. The operation was as bloodless as though done in the cadaver. A small slough on the edge of one flap subsequently separated, where it lay upon a subjacent cartilage, but the result was no more than might be expected in cicatricial tissue, and did not affect the cure of the case, which was entirely satisfactory.

Some discussion of the propriety of opening a gaso-purulent abscess of the abdominal parietes ensued, in which several members participated.

Dr. Merriman gave the details of a case of pelvic cellulitis, in which, after several years of duration, there are yet alternate periods in which fœcal matter escapes from the bladder, and urinous fluid from the rectum.

Dr. Wickersham reported the case of a patient, recently under his charge, who fell upon his abdomen while at play (he was a boy of a few years of age), and subsequently suffered from dysuria. It was doubtful whether the excruciating pain which he endured, resulted from lesion of the bladder, peritoneum, or bowels. So severe was this latter symptom, that one-third of a grain of morphia was requisite to procure relief, despite his tender years. It was necessary to use the catheter twice in the day, and this was continued till an indurated mass was detected, situated, apparently, in a plane posterior to the bladder. In three or four days, fluctuation became evident, and a spontaneous exit of pus occurred at the navel. The patient made an excellent recovery.

The discussion was concluded by remarks from Drs. Merriman, Owens, Lyman, Jackson, and Hyde.

It was resolved, on motion of Dr. Owens, that every member of the Society connected with the Staff of a hospital, be added to the Committee on Clinical Reports.

It was announced that, at an early day, Dr. J. H. Etheridge would read a paper on the "Organic Hydrides;" and Dr. Jno. Bartlett would present the "Annual Report of the Section on Pathology."

The Secretary extended an invitation to the members of the Society, from the Chicago College of Pharmacy, to attend the Annual Exercises of the College, on the evening of the 10th inst.

The Society then adjourned.

ALUMNI ASSOCIATION OF THE CHICAGO MEDICAL COLLEGE.

THE Alumni met as usual, in the Lecture-room of the College, on Tuesday, March 10th, at 10 A.M. A larger number than usual were present, and more interest manifested.

The Committee on Prize Essays decided to award the prize of fifty dollars to the author of the essay bearing the motto, "Learn to Labor, and to Wait." On opening the sealed envelope, the name of the author was found to be Geo. H. Fuller, of Class '69, residing at Webster City, Iowa.

The same prizes were offered for another year.

It was moved and carried that Drs. Thos. Bond, Wm. E. Quine, Chas. W. Earle, Lyman Ware, and S. A. Mc Williams, be a committee to provide for a social entertainment, and an interesting programme of exercises for the next annual meeting.

Dr. Bond, the retiring President, delivered a novel, but well-received, address.

It was moved and carried, that the editors of THE MEDICAL EXAMINER be requested to publish the Prize essay, and Necrologist's Report.

It was voted that a sufficient number of copies be published, in pamphlet form, to supply the members,

containing the President's Address, Necrologist's Address, and Prize Essay.

The following are the officers for the ensuing year: Dr. D. S. Jenks, Class '66, President (Plano, Ill.); Dr. A. J. Smith, Class '69, Vice-President (Wabash, Ind.); Dr. V. F. Kinney, Class '74, Vice-President; Dr. Wm. E. Quine, Class '69, Necrologist (Chicago, Ill.); Dr. S. A. McWilliams, Class '66, Secretary and Treasurer (Chicago, Ill.)

S. A. MCWILLIAMS,
Secretary.

Microscopical Memoranda.

MIGRATION OF WHITE CORPUSCLES.—Dr. Thomas read, before the German Association of Naturalists at Wiesbaden, a paper on the migration of the white corpuscles into the lymphatics of the tongue of a frog. He injected the lymphatics of the living animal with an extremely dilute solution, not containing more than $\frac{1}{2000}$th to $\frac{1}{8000}$th part of nitrate of silver, and found that, with certain precautions, this did not lead to stasis of the blood in blood-vessels, but only to a lively exodus of the white corpuscles from their interior. After the lapse of some time, when the parts had begun to recover from the injurious effect of the injection, he was enabled to observe the re-entrance of the corpuscles into the lymphatic vessels, through certain stomata in their walls, now marked and rendered distinct by a precipitate of the silver salt. In a second series of researches the lymphatics were injected with a dilute emulsion of cinnabar, in a three-quarter per cent. solution of common salt. The cinnabar was in part deposited in the stomata of the lymphatics, and partly passed through them, and was deposited in the tissues in the form of small, round, cloudy patches. The evidence of the identity of the stomata, brought into view by means of the cinnabar, with those rendered evident by the nitrate of silver, is obtained by observing their peculiar grouping, and by the subsequent injection of nitrate of silver into the same vessels. The injection of the cinnabar causes very little disturbance of the circulation. If a lively exodus of the white corpuscles from the blood-vessels be produced by making an abrasion of the surface, the migrating cells quickly make their appearance in the stomata of the lymphatics marked out by the cinnabar. They then take up the particles of the cinnabar into their interior, which causes them to lose their activity and accumulate in the stomata. They then appear in the form of cauliflower excrescences, projecting into the interior of the lymphatics, which gradually break up into their constituent cinnabar-holding cells. These may be traced into the larger vessels, and from them into the blood. In these researches, a remarkable regularity, or uniformity, in the track pursued by the white corpuscles, was observed. They pass away from the blood-vessels nearly at right angles into the tissues, their course, however, being in a series of short zigzags. They all appear to travel about the same pace. — *Lancet.* — *Amer. Jour. Med. Sciences.*

THE TERMINATION OF NERVES IN SEBACEOUS GLANDS. — G. Colasanti (*Centralblatt*, No. 34, 1873) has followed out the distribution of the nerves in the Meibomian follicles of man, the ox, horse, and sheep, using for this purpose thin sections, stained with gold, as recommended by Conheim. As the result of his investigations, he says that, in successful gold-stained preparations, medullated nerve fibres may be detected in the connective tissue surrounding the gland. These fibres run in company with the blood capillaries, and are distributed with them. They give off smaller fibres, which run to the fundus of the follicles, perforate the membrana propria, and, losing their medullary sheath, break up into the primitive fasiculi, "presenting the well-known varicose aspect. These finer fibres form a plexus in the interior of the alveolus, and wind round the several gland epithelium cells. The plexus does not, however, extend into the excretory ducts. The nerves terminate in a precisely similar manner in the subaceous glands of the hair follicles."

It will be observed that these researches correspond very closely with Beale's views of the termination of nerve fibres, and directly contradict the statements of Pfluger, in *Stricker's Manual of Histology*, as to the termination of these nerves in the salivary glands.—*Lancet.*

DISTINGUISHING MAMMALIAN FROM REPTILIAN BLOOD. — R. M. Bertolet, M.D., Microscopist to the Philadelphia Hospital, refers to the great difficulty which is experienced in determining the kind of blood, by the ordinary methods of examination in medico-legal cases.

If examined with the microscope, as it is ordinarily found in the dried state, the corpuscles are shrivelled and deformed. The addition of water extracts the coloring matter, and though it causes them to swell up, does not restore them to their original condition. It causes the red corpuscles to lose their bi-concave shape and approach the spherical. The oval discs of reptiles, birds, etc., lose something of their peculiar shape, and become more like mammalian blood.

In moistening such blood he uses a solution of sulphate of soda, or, better still, slightly acidulated, pure glycerine. This preparation "is carefully irrigated with a properly prepared alcoholic solution of guaiacum resin; then, when a very small quantity of the ethereal solution of the peroxide of hydrogen (ozonic ether) is introduced beneath the glass cover," the red corpuscles are changed to an uniform color, which varies in the different corpuscles, "from a light sapphire to a deep indigo blue."

In the nucleated corpuscles of birds, reptiles, etc., however, "*the nucleus is seen as a sharply-defined, dark blue body, while the protoplasm surrounding it assumes a more delicate violet hue.*" The distinction between the two kinds of blood, by this means, is so plain as to be evident, even to an an ordinary gentleman of the jury.—*Amer. Jour. Med. Sciences*, Jan'y.

HÆMOPTYSIS FROM ANEURISM OF PULMONARY ARTERY.—Dr. Silver, in a meeting of the Pathological Society of London, showed a piece of lung, with an aneurismal dilatation of a small branch of the pulmonary artery, in a man who had had repeated attacks of hæmoptysis, and who died in one of them. A cavity was found at the apex, and a small aneurism.—*Lancet.*

BLOOD AND DEJECTIONS IN CHOLERA.—M. Hayden, of Paris, has been investigating this subject. He finds an increase in the number of the white corpuscles and fragments of the red corpuscles, which, he says, may be explained by the stasis during the algid stage, together with the decrease in the proportion of water. No fungi of any kind were found in the blood. He also found a certain amount of viscidity in the corpuscles, which he accounts for by the presence of carbonic acid gas. No other changes

were observed. He examined the dejections for the cholera fungus, and found vibriones, as in other decaying animal matter; but the vibriones were not always present, and, when present, not always of the same kind. There were absent ten different kinds. He accordingly casts in his testimony with the already overwhelming load of evidence against the fungus origin of the disease.

The *post-mortem* changes that were constant were confined to the intestinal canal, and could not be distinguished, except in severity, from ordinary intestinal catarrh.—*Lancet.*

NEW RESEARCHES ON INFLAMMATION.—Prof. Conheim, in a recently published article, states that inflammation consists in some local change of the vessels of the affected part, and not in their dilitation with the accompanying increase in the rapidity in the flow of the blood.—*Brit. Med. Jour.*

Gleanings from Our Exchanges.

GELSEMINUM.

BY C. D. HODGE, M.D., OF ARKANSAS.

From Southern Medical Record for Feb., 1874.

ON perusing an article in the November number of the *Record*, by Prof. Murry, of Baltimore, in which the gelseminum is favorably spoken of as an antiperiodic, I feel prompted to give some of the results of an experience of fifteen years or more with this article as a therapeutical agent.

Shortly after the febrifuge virtues of gelseminum were first accidentally discovered by a Mississippi planter, it was put forth as a nostrum in form of a branded tincture, under the cognomen of "Speed's Tonic;" and seeing among some of my patrons who had purchased and were using the medicine, that it *did* possess some very remarkable properties in controlling fever, by a little exertion I was fortunate enough to learn from one of the agents the plant; and as the vine grew abundantly around me, I lost no time in preparing a tincture, and instituting a series of trials, to get at its proper medical properties. Since that day I do not know that my case has been without a vial of tincture of gelseminum. My experience fully warrants me in endorsing all that has been claimed by Dr. Anderson, of North Carolina, and Prof. Murray, for this agent, as an antiperiodic. I have used it for years as such, in hundreds of cases of intermittent and remittent fevers, with as much satisfaction as ever I did with quinine, when relying upon that article alone. I usually combine the tincture with small doses of quinine, especially in the management of remittent cases. And just here let me assure my brother practitioners residing in malarious districts, that they can promptly arrest an ordinary uncomplicated case of chills with six grains of quinine and thirty drops of tincture of gelseminum, divided into, say, six doses — a dose every hour, beginning six hours preceding the chill-time. Just here I will add that a little preliminary med-

ication, such as clearing the bowels, and if need be a mild address to the liver, is, I have found, more necessary than when using quinine alone. The tincture goes well with Fowler's Solution and tincture of iron, making it an efficient remedy for chronic cases, and as a chill preventive. In remittent cases this article can be used throughout the hot stage, in combination with the usual saline mixture, or any suitable diaphoretic, with the happy effect of shortening the febrile condition, and greatly curtailing the necessity for much quinine in the subsequent management.

Again, the value of gelseminum is not fully appreciated in treatment of neuralgias, especially those of an intermittent character. In these cases, it may be given in appropriate quantities, in combination with quinine, brom. pot. and mur. ammonia. With the latter, we think highly of it in the treatment of either acute or chronic sciatica. In apoplexy, where there is arterial excitement, with congestion, but no *rupture* of the vessels, the gelseminum shows itself an agent of signal potency. In uterine affections our experience is limited, but sufficient to justify the belief that this article will eventually become a remedy of no slight importance in that direction. In a case of tedious labor, where a rigid os uteri, or an unyielding perineum, offers the obstacle, we have only to apply an exhausted glass tumbler to the sacral spinal region, wait fifteen or twenty minutes, and let the patient have a commanding dose of the tincture — say twenty or twenty-five drops—and complete relaxation is almost sure to ensue very soon.

In treatment of irritable bladder, very favorable mention has already been made of this agent in some of the back numbers of the *Record*. It is also claimed as one of the "*very best remedies*," combined with opium, in dysentery. We can urge it as second to but few, *if any*, remedy, when associated with proper auxiliaries, in controlling recent gonorrhœa and acute ophthalmic affections. We will here casually say, owing to its peculiar physiological tendency to the organ, we believe the gelseminum will at no distant day take a prominent stand as an eye remedy.

The dose, in various diseases, may range all the way from two or three to twenty-five drops, according to urgency and other pointing of indications. But we think it is the better plan, particularly when given at short intervals, to use small doses, say four or five drops, and when its characteristic effects—muscular heaviness of the lids, perverted or double vision, etc. — begin to be manifested, lessen the dose, or rather prolong the spaces, or *suspend*, if effects are very marked.

We might draw much more from our somewhat extended experience in behalf of the tincture of gelseminum; but we set out for brevity, and must conform. However, before releasing our pen, we would say to those of our brethren who are disposed to give this article a trial, not to rely upon the *fluid extracts*, or any other preparation, except the *freshly-tinctured green root*, and the inner bark of the root at that. We are satisfied that a non-observance of this particular has impaired the confidence of many. We think the root-bark should be consigned to the alcohol within six hours after being taken from the ground. It should by all means be prepared in the month of September, or thereabouts, for it is comparatively worthless when made in the summer. If the above precautions are not strictly observed, you may expect disappointment in your trials. Our usual formula is six ounces of the finely-bruised bark of the root to a pint of diluted alcohol; let stand the usual time, firmly express, and filter.

A CAUSE OF NIGHTMARE.—Many children, and some grownup folks, suffer terribly from nightmare. A frequent and hitherto unknown cause has been pointed out by Dr. Warrington Howard. He found, in some cases, the attack greatly aggravated by *enlarged tonsils*, and entirely dispersed when these were removed.—*Phil. Med. Rep.*

PRACTICAL NOTES ON CUTANEOUS SUBJECTS.—SUSPECTED RINGWORM (SCURVY HEAD).

BY TILBURY FOX, M.D., F.R.C.P.

From the London Lancet, Feb., 1874.

THE practitioner is very often puzzled to make a diagnosis in cases of suspected ringworm. Cases, especially in schools, are brought to him which exhibit here and there—or it may be only in one small spot on the scalp—"scurfy"-looking places, without, apparently, any diseased hairs, and he is asked, "Is it ringworm?" Without the microscope, it is difficult to decide the question; and I would venture to say that, under such circumstances, the observer can only blame himself if he falls into error by neglecting the use of the microscope, which will readily reveal, in all cases, whether or no ringworm is present, by the appearance presented by the scales which can be scraped away from the suspected patch. The scales will always be found to have little bits of diseased hairs entangled in them where ringworm is present, and which diseased hairs are not perhaps visible to the naked eye. The accurate diagnosis of these cases is very important where schools are concerned; and a mistake in not recognizing the nature of these "scurvy spots" may lead to the silent but wholesale propagation of the disease among the healthy. The following case affords an illustration of what I mean:

CASE.—I had been prescribing for one or two children in a certain ladies' school, at different periods during two years, for ringworm of the body and head. When the mistress thought that all ringworm had vanished from amongst her pupils, she, having taken every possible means to detect at the earliest moment the faintest trace of mischief in her pupils' heads, in order to prevent the spread of the disease in her school, sent me her little daughter, aged six years, that I might look at a tiny suspicious-looking spot on the crown of the head. This spot turned out to be ringworm, and I destroyed the disease at once by iodine paint. The next day the niece (aged thirteen) of the school-mistress was sent to me for examination, and I learnt that two years ago the scalp of this child was noticed to be "slightly scurvy" in one or two patches here and there over the scalp. The hair thinned out slightly, but the place was not bared of hair, nor was it red. The disease "did not look like ringworm; if it had," the aunt remarked to me, "of course advice would have been sought." The child had been treated with a "little ointment" now and then; and a medical man saw her, but did not think it ringworm. The appearance of the disease in the mistress' young child induced that lady to send the niece to me, lest the "scurfy" disease from which she had been suffering might in reality be ringworm. When I examined the head of the niece, there were one or two irregular-shaped spots, the size of a shilling or so, covered over with fine micaceous scales, not devoid of hairs. The hair looked a little thin, but not more so than is commonly seen in slight cases of seborrhœa, nor did the hairs come out too easily or break off; and on a superficial glance there was no appearance of short broken-off hairs, as in ordinary ringworm. On using a magnifying glass, however, and searching over the diseased areas, certain dark-looking portions of hair-shafts came into view, and these did not run in a natural direction, but were out of the line of the normal hairs, and they were, moreover, in some cases twisted and about three or four lines in length. They were concealed in great part by the healthy

hairs. There were, perhaps, five or six in each patch of disease. They turned out to be brittle, and portions came away easily when pulled at. Under the microscope the hairs exhibited the ordinary appearance of hairs invaded by the fungus of tinea tonsurans and fungus of luxuriant growth.

Remarks.—The above case illustrates a not uncommon occurrence—viz.: the non-detection of the nature of slightly-developed ringworm of the scalp (tinea tonsurans.) Cases of ringworm may present the same characters as those exhibited by the example under notice from the outset and during their whole course; but these characters may be assumed when the disease has become chronic and is supposed to be well, for ringworm leaves behind, in many cases, a surface that gives off for a while furfuraceous desquamations. The diseased patches may be small—the size of a split-pea—or the area of the disease may be larger. In either case there is apparently a little scurfiness, and the hair is somewhat thinned, and that is all, save an occasional suppurating hair-follicle in the center of the scurfy spot. But if the scales be scraped away, here and there a bit of opaque-looking hair may be seen attached to or projecting from them, and these bits of hair will be found to be crammed full of spores. Further, in all these cases, here and there a dark stub or two, or one or more broken-off hairs, will be detected over the scurfy surface, and afford a certain indication that the disease is parasitic. Very often, as before observed, the condition referred to occurs in a case of ringworm apparently well, and the solitary or few diseased hairs constitute so many spore manufactories to spread the disease, if no parasiticide remedies are used.

The treatment of these cases consists in very carefully getting away every particle of scaliness, and fully epilating the scurfy area, and applying any simple parasiticide until the hair grows healthily again; epilation being repeated to get rid of all short, dull, and opaque-looking hairs.

SPONTANEOUS EXPULSION OF THE UTERUS.—Dr. Martin, of Toulouse, relates (in *L'Union Medicale* No. 79, 1873) a rare case of spontaneous expulsion of the uterus. A lady aged thirty-five years, having given birth to a child sixteen years previously, had been suffering for some time with ulceration of the os uteri, rapidly progressing, and attended with copious hæmorrhage and great pains. Last 20th of June, the patient, with much straining, though without flooding, had passed per vaginum, a solid body, which subsequent examination *proved to be the body of the uterus*. A vaginal exploration, on account of danger of hæmorrhage, was postponed until the 16th, though in the meantime there was no bleeding; while the involuntary discharge of urine raised a suspicion of vesico-vaginal fistula. On the 20th, the comparatively well being gave way to disease, soon diagnosed as peritonitis, which ended fatally June 23d. An autopsy on the following day confirmed the diagnosis, and showed the true pelvis filled with pus. No trace of the womb was discovered; the round and broad ligaments were destroyed; one ovary enlarged, and the other hypertrophied. The bladder was intact, but right ureter disorganized, whence the flow of urine. The author is of the opinion that, without the fatal peritonitis, a continuation of life would not have been impossible.

PARACENTESIS THORACIS (*The Practitioner*, December, 1873).—Dr. Sydney Ringer publishes his notes on five cases of paracentesis thoracis, showing, by them, how slight a disturbance this operation causes, and what immense relief it affords; showing, also, that the operation may be usefully employed in the febrile and non-febrile stages of pleurisy with effusion, and that during fever the fluid may be withdrawn by the aspirator, and not accumulate again. In some cases of empyema, it is sufficient to withdraw part of the fluid by the aspirator. The rest may disappear; so that it is not always neces-

sary to lay open the chest in order that the pus may drain entirely away. In severe empyema, the temperature may be normal, or scarcely at all raised; and in those cases, accompanied by chronic fever, the pus may be perfectly sweet.—*Phila. Medical Times.*

THE nativity of Adam is not a matter of doubt with the Darwinians, who believe him to have been a germ-man.—*Boston Jour. of Chem.*

Book Reviews.

AN Universal Formulary; containing the Methods of Preparing and Administering Officinal and other Medicines; the whole adapted to Physicians and Pharmaceutists. By R. Eglesfeld Griffith, M.D. Third edition. Carefully revised and much enlarged, by John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With illustrations. 8vo.; pp. 779. Philadelphia: Henry C. Lea, 1874.

The third edition of this excellent Formulary, familiar for many years to both physicians and druggists, appears with a new name impressed upon its title page. It is that of the editor of the *American Journal of Pharmacy*, and the Permanent Secretary of the American Pharmaceutical Association; and it suggests to those who have recognized his ability as displayed in these positions, a thorough and efficient discharge of the editorial duties here assumed.

In this edition we are pleased to observe the retention of the alphabetical arrangement of the names of remedies according to their pharmaceutical titles in the United States Pharmacopœia, as it facilitates the work of reference: though copious indices are also appended. We find here, also, revised tables of specific gravities, hydrometrical equivalents, etc., as well as formulas for all new remedies of acknowledged value, while we miss many of the old ones, which deserved to be rejected on account of their worthlessness.

This Formulary has already proved itself acceptable to the medical profession; and we do not hesitate to say that the third edition is much improved and of greater practical value, in consequence of the careful revision of Professor Maisch.

BOOKS RECEIVED,

Through Jansen, McClurg & Co., Chicago.

The Puerperal Diseases. By Fordyce Barker. 576 pp. New York: D. Appleton & Co.

Handbook of Medical and Surgical Reference. Wythe. New York: Wm. Wood & Co.

Wythe's Pocket Dose Book. Philadelphia: Lindsay & Blackiston.

An Introduction to Physical Measurements, etc. By Dr. Kohlrousch. Translated from the German. New York: D. Appleton & Co.

Sanitary Associations During the Franco-German War — 1870–71. By Thos. W. Evans, M.D., etc.

Dictionary of Elevations, and Climatic Register of the United States. By J. M. Toner, M.D. New York: Van Nostrand, 23 Murray and 27 Warren sts. Price, in paper, $3.00; cloth, $3.75.

From W. B. Keen, Cooke & Co., Chicago.

Lectures on the Chemical Uses of Electricity. By J. Russell Reynolds, M.D., etc. Philadelphia: Lindsay & Blakiston.

Transaction of Wisconsin State Medical Society, 1873.

Transactions of Indiana State Medical Society, 1873.

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Original Communications.

HAVE WE ANY CHOLAGOGUES?—ALUMNI PRIZE ESSAY.

BY GEORGE N. FULLER, M.D., WEBSTER CITY, IOWA.

THIS has lately been strongly disputed; yet many, from their observation of the effects of certain medicines, still think that there is some foundation for the ancient belief in them.

We find some confusion, however, in the signification attached to the word. It is usually defined "medicines increasing the flow of bile." It is often used as if signifying "medicines increasing the *secretion* of bile."

Mercury is usually placed at the head of this class of medicines, when such a class is recognized; yet there is much dispute in regard to the effect of that drug. Stille quotes, and apparently indorses, the language of Thudicum, that "calomel is not a cholagogue, but decreases the secretion of bile."* Yet he elsewhere says:† "The repeated use of this medicine (calomel) is known to produce derangement of the hepatic function;" implying that it is by overstimulation of that function. He also quotes this language of Budd:‡ "When the liver has become accustomed to the stimulus of mercury, no other medicine will sufficiently excite its action. * * It increases the activity of the liver at first, but seems to leave it weaker than before," etc.

It is impossible to explain the contradictory language of Stille, except by supposing that he intended to give

* Page 683, Vol. II., Third Edition *Ther. and Mat. Med.*

† Page 710. ‡ Pages 711–712.

a summary of the diverse opinions held upon this subject.

This diversity is certainly great. Some think that the flow of bile is much increased by mercury and other agents; and others that it is unaffected or decreased by their use.

Perhaps the most famous experiments of the many made on this subject, were by a committee of Edinburgh physicians, upon dogs, with different substances, including calomel, taraxacum, and podophyllin. Their investigations went far to overturn the belief in the specific action of these substances on the secretion of bile.

There are, however, some objections to these experiments. They were made upon lower animals; and, however judiciously selected these animals may be, we cannot be certain that the effect upon them is the same as upon man. The experiments were made by the establishment of biliary fistulæ. No doubt this was carefully done; yet the effect of the drugs may not have been the same as if the bile-ducts had been left undisturbed in their connections with the duodenum. They were made in a state of health, so far as known, of the animals experimented upon; the action may be thought different from what it would be in pathological conditions. The last I do not consider a serious objection. The physiological action of a drug is usually a fair indication of the character, at least, of its effect in pathological conditions. In the latter case, the action may sometimes appear greater; but I am not aware that any drug has a stimulating action upon an organ or function in a diseased condition, on which it has no effect in health.

I have performed some experiments to obtain information on this subject, to which the first two objections do not apply. How far they will aid in the solution of this problem, is for my co-laborers in this field to judge.

The experiments were made by testing liquid drained from fæces for bile, by Pettenkofer's test, substantially as described in *Dalton's Physiology*.* I made a solution of cane sugar, one part; water, four parts. One drop of this solution was added, in a test-tube, to about a fluid drachm of the liquid to be tested, and an equal quantity of sulphuric acid added. If bile was present, a bright, cherry-red color was at once produced, soon followed by a lake, and that by a rich purple.

I first practiced testing water with which I had mingled ox bile. I found the tests quite plain and reliable, and not affected by slight variations in the proportions of the reagents. If I added the sugar solution without adding the bile, the sulphuric acid produced a brownish red color, which gradually became a distinct brown. If too much sugar was added, this would obscure the reactions when bile was present; but with care, two drops of bile to a fluid drachm of water would produce the reactions promptly. One-half, or even one-fourth, of this proportion of bile would produce them, but with some delay.

I practiced these tests with ox bile until I considered myself familiar with the different reactions. I also repeated them at different times during the course of my experiments, to

* Page 185, Third Edition.

refresh my recollection, to test reagents, and to observe how the different liquids were affected by temperature.

Dalton states that other substances present, acted upon by the sulphuric acid, may obscure the reactions; but that * "no other substance is liable to be met with in the intestinal fluids or blood, which would simulate the reactions of the biliary matters." He also says that † the red color alone is not sufficient as an indication of bile. It is the lake and purple colors alone which can be regarded as really characteristic of the biliary reactions."

In testing liquid filtered from fæces, I found that the action of the acid produced different shades of brown, more or less resembling lake and purple. These I concluded to be from the effect upon bile in greater or less degrees of decomposition; it might have been partly from matters derived from other sources. These reactions often resemble the brown produced by the action of the acid upon the sugar solution; and great care is sometimes required to distinguish them. I do not think that I committed any errors in this way, however. In most of the experiments it will be noticed that diluted solutions were tested, and gave reactions weaker in proportion to the degree of dilution. In such a case, the reactions could not have been from the action of the acid upon sugar, as the amount of the sugar solution added in each case was as nearly equal as it could be made.

I took this method of testing fæces, because I was at a distance from the means of making more delicate tests, or quantitative analyses. With the means at my command, the tests could not be made sufficiently accurate to indicate the exact proportion of bile discharged. They are useful, principally, for the comparison of the discharges following the use of certain substances with those occurring naturally.

It was only after some experience that I arranged the proper proportion of water to be added, and other minutiæ. Had there been time, I should have completed the series in this uniform manner. I was unable to do this; but these variations do not affect the general result. In making the experiments, the fæces were received into ordinary self-sealing fruit-jars, weighed, and mixed with water. They could thus be treated without being very offensive. After they were mixed with water there was less odor, and the filtered liquid was but little offensive.

The experiments are numbered merely for reference here, without regard to the time when they were made; but I was careful to make no experiment in less than six days after a previous one with drugs; also, to make none when my system did not appear to be in a healthy condition.

EXPERIMENT WITH NATURAL FÆCES — *First Experiment, May 20th*, 1873.—Weight of fæces four ounces; to three and a half ounces added seven fluid ounces of water; mixed, and filtered. Reactions not biliary; reddish yellow, followed by reddish brown.

Second Experiment, July 15th, 1873.—Weather very warm; weight of fæces nine and a half ounces; added same number of fluid ounces of water, and mixed; stood over night and fer-

* *Phys.*, Third Edition, p. 187.
† *Phys.*, Third Edition, p. 186.

mented; liquid more than usually separated from solid matters. Biliary reactions quite distinct and rapid; colors rather dark. By accident, the dilutions not tested.

Third Experiment, July 25th, 1873.—Bowels rather constipated for three days; weight of fæces two ounces; added six fluid ounces of water; mixed, and filtered. Biliary reactions pretty prompt; colors rather dark; lake and purple not very distinct, but perceptible. Diluted one-half, the cherry red was tolerably distinct; the others not.

Fourth Experiment, July 26th, 1873.—Free evacuation; weight of fæces eight ounces; added twice the number of fluid ounces of water; mixed, and filtered. Obtained rather dark cherry-red and brown, resembling lake and purple. Diluted one-half, reactions nearly as distinct; again diluted one-half, a brownish red tinge only.

Fifth Experiment, August 5th, 1873.—Bowels rather constipated for several days; last operation thirty hours before; fæces nearly solid; weight five ounces; treated same as last. Obtained pretty prompt and distinct cherry-red, and faint but perceptible lake and purple. Diluted, the reactions were perceptible, but not distinct.

Sixth Experiment, August 7th, 1873.—Bowels natural; fæces of medium consistence; weight eight ounces; treated same as last. No biliary reactions.

[Other experiments with natural fæces will be found given as parts of some of those with drugs.]

EXPERIMENTS WITH SALINES—*Seventh Experiment, December 4th*, 1872.—Usual evacuation at 9 A.M.; two hours after, took mag. sulph. and pot. bitart., of each one half ounce; water, four ounces: between 1 and 2 P.M., had three copious evacuations of liquid fæces; weight twenty ounces; added ten fluid ounces of water, and mixed. No distinct biliary reactions.

Eighth Experiment, January 29th, 1873.—Usual evacuation at 8 A.M.; between 6:30 and 11:30 P.M., took mag. sulph. and pot. bitart., of each six drachms, in divided doses: considerable peristaltic motion, and some pain, from 8 P.M. to 12:30 A.M.; between the last time mentioned and 1:30 A.M., there were three rather copious discharges, mostly liquid; weight sixteen ounces; added same number of fluid ounces of water; mixed, and filtered. Obtained cherry-red promptly; lake and purple rather slow, and not distinct. Diluted, gave reactions nearly as distinct; again diluted, perceptible, but much less distinct.

Ninth Experiment, May 29th, 1873.—Usual evacuation at 9 A.M.; at 5 P.M., took mag. sulph. and pot. bitart., of each two drachms, in solution; and at 8:30 a similar dose: between 6 and 10 P.M., some nausea, peristaltic motion, and pain, perceived; slept naturally till 5:30 A.M.; at 6 and 9 A.M., had somewhat copious semi-liquid discharges; color dark greenish brown; weight about sixteen ounces; to twelve ounces added same number of fluid ounces of water; mixed, and filtered. Obtained faint cherry-red, indistinct lake, and no purple. Diluted one-half, gave reddish brown only.

Tenth Experiment, August 14th, 1873.—A.M., natural evacuation of buttery fæces; weight six ounces;

added twice the number of fluid ounces of water; mixed, and filtered. Obtained only brownish red color, growing darker. At 6 A.M. next day, took mag. sulph. and pot. bitart., of each four and a half drachms, in solution: between 8 and 9 A.M., some peristaltic motion perceived; at 10 A.M., took similar dose: between 11 and 12, had three copious evacuations; fæces mostly liquid; weight twenty-four ounces. Treated as last; obtained only slight tinge of brown.

EXPERIMENT WITH ALOES — *Eleventh Experiment, January 13th*, 1874. —Usual evacuation, A.M.; at 6:30 P.M., took aloe soc., four grains, and ext. hyosc., one grain; at 9:30 P.M., took similar dose: perceived slight pain in bowels, and peristaltic motion, between 4 and 6:30 A.M.; between 6:30 and 9:30 A.M., three copious evacuations of buttery fæces; color light reddish brown; weight twenty-five ounces or more; second evacuation, nine ounces; to this added twice the number of fluid ounces of water; mixed; kept in warm room forty-eight hours, and filtered. Reactions variable, but not resembling those of bile.

EXPERIMENTS WITH FRUIT — *Twelfth Experiment, February 8th*, 1873.—At 4 P.M., ate two good-sized sour apples; at 8 P.M., the same: between 6 and 7, also between 8:30 and 10 P.M., there was some sensation of fullness, and peristaltic motion of the bowels. At 8 A.M., passed ten ounces of dark brown fæces; rather more, and rather less solid than usual; added same number of fluid ounces of water; mixed, and filtered. Obtained prompt and distinct biliary reactions. Diluted one-half, equally so; again diluted, not as prompt, but retty distinct.

Thirteenth Experiment, January 20th, 1874.—A.M., natural evacuation of light brown, somewhat buttery fæces; weight eleven ounces; added eighteen fluid ounces of water; mixed; kept in warm room forty-eight hours, and filtered. Obtained very slight tinge of cherry-red, followed by reddish brown. At 3 P.M., ate three medium-sized, moderately sour apples; at 9 P.M., did the same: at 8 A.M., passed fæces; weight nine ounces; rather darker, and less solid than the day before; added eighteen fluid ounces of water; mixed; kept in warm room forty-eight hours, and filtered. Reactions resembled the biliary; not distinct.

EXPERIMENTS WITH TARAXACUM — *Fourteenth Experiment, December 29th*, 1873.—At 9 A.M., natural evacuation of semi-solid brown fæces; weight, five ounces; added twice the number of fluid ounces of water; mixed; kept in warm room ten hours, and filtered. Obtained rather dark cherry-red, and shades of brown resembling lake and purple. During the afternoon, took fluid ext. taraxacum, three drachms, in two doses: at 9 A.M. following, passed three ounces of brown, nearly solid, fæces. Treated same as last; tests made in too small tube, and not reliable, but seemed to resemble biliary rather more than the day before. At 9 A.M. following, passed four and a half ounces of rather light brown, nearly solid, fæces; treated same as last, only kept twenty-four hours in warm room. Very carefully tested, the colors resembled biliary but little.

Fifteenth Experiment, February 2d, 1874.—At 9 A.M., natural evacuation of light brown, nearly solid, fæces; weight six ounces; treated as last, only kept forty-eight hours in warm

room. Obtained dark, indistinct cherry-red, and shades of brown resembling lake and purple. Diluted, gave reactions nearly as distinct; again diluted, perceptible, but not as distinct. During that and the next day, took fluid ext. tarax., six drachms, in divided doses: at 10 A.M. following (4th inst.), passed three ounces fæces; rather less, lighter color, and more solid, than usual. Treated as the last: obtained similar reactions; perhaps a little more distinct.

Sixteenth Experiment, February 9th, 1874.—At 9 A.M., usual evacuation of light brown, nearly solid, fæces; weight six ounces. Treated as last, except stood but twenty-four hours before filtering: reactions prompt, and resembling biliary. Diluted one-half, less prompt and distinct, but perceptible. During that and following day, took fluid ext. tarax., one ounce, in divided doses: at 8 A.M. next day (11th inst.), passed seven ounces of light brown fæces, nearly solid. Treated same as last: reactions similar, but rather more distinct.

EXPERIMENTS WITH CALOMEL—*Seventeenth Experiment, January 15th*, 1873—Usual evacuation at 9 A.M.; at 3 P.M., took hydrarg. chlor. mit., twelve grains: between 5 and 6 P.M., perceived some nausea, and peristaltic motion. At 6:30, took mag. sulph. and pot. bitart., of each one drachm, in solution: between 7 and 8 P.M., had one solid and three copious liquid discharges; weight twenty ounces; added same number of fluid ounces of water, and mixed. Obtained cherry-red promptly; and lake and purple with a little delay; all quite distinct. Diluted one-half, the reactions were nearly as prompt and distinct; again diluted, they were perceptible, but quite indistinct.

Eighteenth Experiment, December 19th, 1873.—At 9 A.M., rather free natural evacuation of dark brown, buttery fæces; weight eight ounces; added twice the number of fluid ounces of water; mixed, and filtered; room cold; liquid probably chilled, not frozen; filtered liquid not as dark as usual. Obtained only brownish red colors. At 10 P.M., took hydrarg. chlor. mit., twelve grains: between 3:30 and 5 A.M., perceived some nausea, peristaltic motion, and pain; between 5 and 6:30 A.M, five tolerably copious evacuations of thin brown fæces; weight thirty-two ounces or more; nine ounces, including part of first three and all of fourth evacuation, were treated same as last; temperature about the same. Reactions similar; hardly as distinct.

This experiment was not very satisfactory, but showed that no very marked increase of biliary flow had taken place, although the appearance of the fæces was what is considered characteristic of "bilious passages." To ascertain whether cold had prevented the reactions, I tested a mixture of ox bile and water, which had been frozen. I found that the reactions were produced, but that the colors were not exactly the same. I also tested a mixture of ox bile and water, which had been exposed to sufficient cold to chill it—in fact, to freeze a small portion of it. I found that this did not appreciably change the reactions. As this was fully as great a degree of cold as that to which the specimens were exposed, I concluded that this did not modify the results, except so far as it hin-

dered the complete solution of the secretions in the water added.

Nineteenth Experiment, January 26th, 1874.—At 8 A.M., natural evacuation of semi-solid, light brown fæces; weight six ounces. Treated as last, only kept in warm room forty-eight hours before filtering: obtained slight cherry-red color, and shades of brown considerably resembling lake and purple. Diluted one-half, colors nearly as distinct; again diluted, much less distinct. At 10 P.M., took hydrarg. chlor. mit., twelve grains: between 5 and 7 A.M., had four tolerably free evacuations of brown fæces, mostly liquid; weight twenty-five ounces or more. Portions of second and third evacuations, weighing eight and a half ounces, were treated as last: obtained similar reactions from all the dilutions; perhaps a little more distinct.

There was considerable difference in the reactions, at different times, in all the classes of experiments. Probably this difference was due, to some extent, to variations in temperature and in modes of manipulation; yet the variations were not greater than every one has observed in the amount, color, consistence, and odor, of healthy fæces.

The amount of bile discharged was not increased by taraxacum. This agent produced a constipating, rather than a laxative, effect; and to this I attribute the slight increase, in proportion, of bile by its use. Had there been an actual increase of the bile discharged, the proportionate increase, with less fæces, would have been much greater.

The proportion of bile discharged was not increased by calomel or other cathartics; was sometimes probably decreased by them, especially by aloes and the salines. In regard to aloes, this is only inferred; in regard to the salines, this is shown by the tenth experiment, and may be inferred from the seventh and ninth. After the use of the latter, bile was detected only after prolonged peristaltic action, and then in only small amount. Peristaltic motion alone will not produce free discharge of the bile; if it would, there would have been such in the eighth experiment, according to my painful recollection.

When, after the use of cathartics, the proportion of bile detected was the same, of course the amount was greater, as the amount of fæces was greater. This was, probably, because much of the bile in the intestines was expelled, and not from increased biliary secretion. Had it been the latter, the proportion of bile would have been greater. The largest amount of bile detected was not more than an ounce and a half. Making all due allowance for errors, and for the obscuring of reactions by other substances, this is less bile than is contained, at any time, in the intestines.

The secretion of bile was probably not increased by any of the agents used. It may be objected, that more bile was secreted, and discharged into the intestines, and then absorbed, as most of the bile usually is. But bile is usually changed or decomposed by reactions with the other contents of the intestines before absorption. By the action of a cathartic, the contents of the intestines are hurried along too rapidly for either change or absorption of an

increased amount of bile. In the natural condition, nearly all the liquid contents of the intestines are absorbed. When a cathartic is given, the discharges are liquid, partly because more liquid is secreted or exuded, and partly because increased peristaltic motion does not give as much time for the liquids to be absorbed. Physiologists estimate the normal amount of bile secreted at about two and a half pounds in twenty-four hours, or about a pound in ten hours. If the flow of bile is increased by the use of calomel, it seems strange that all this bile should be absorbed, while the other liquids are discharged in such quantities.

It may also be said that there was more bile discharged into the intestines, but that it had not passed far enough down to affect the fæces. It may be difficult to prove that this was not the case; but we have no reason to believe that it was.

The liquid condition and brown color of the discharges produced by calomel are not produced by bile. If they were, the proportion of bile would be quite large; but there was very little detected, although the discharges were of the traditional color and consistence.

These results are different from what I expected, and from what I announced from a much shorter series of experiments; but they have been carefully reached, and agree with those others have obtained in different ways. Clinically, especially in a miasmatic region, mercury may often be very useful, and may sometimes produce good effects which other remedies will not; but, in accounting for this effect, perhaps false pathology and false therapeutics have been mingled.

Much is laid to "torpid liver," which is quite as much inaction of all the nutritive functions, especially those of the intestinal glands. An impression upon these, often best made by calomel, may bring about a more natural condition, and the biliary secretion not be affected, directly, at all.

When there is really suspended secretion of bile, from hepatic congestion, cathartics may indirectly give relief by reducing portal congestion; and calomel will often do this more gently and thoroughly than any other cathartic.

But this series of experiments tends to confirm the conclusions of others, that we have no medicines possessing a specific power to stimulate the secretion or flow of bile.

February 12, 1874.

EFFECTS OF THE LONDON FOG.—The unusual density and duration of the recent fogs in London were exceedingly disastrous, causing the death of many persons affected with cardiac and respiratory diseases, and greatly augmenting the death-rate. There were, altogether, about fifty patients taken to the various hospitals on account of accidents due to the fog. The number of deaths from diseases of the heart and lungs was 764 the week of the fog, and only 560 the previous week.—*N. Y. Med. Jour.*

WHAT PUS IS NOT.

By Lester Curtis, M.D.

A FEW years ago Conheim published some observations on the white blood corpuscle, which confirmed the older observations of Waller and Beale, and called attention to them; for previous to this time they had attracted little notice, especially on the continent of Europe. These observations showed that, in inflammation, many of the white blood corpuscles pass through the walls of the capillaries, and appear outside of them. The corpuscles outside the vessels continue their amoebiform movements, and, possessing the power of locomotion, were called "wandering *cells*." (?)

At the time of these observations it was well known that the fresh pus corpuscle, also, had an amoebiform movement similar to that of the white blood corpuscle. Pus occurs as the result of inflammation; and where there is inflammation there are large numbers of wandering cells. Conheim concluded, therefore, that pus corpuscles came from the wandering cells, and, as the wandering cells came from the white blood corpuscles, therefore, that a pus corpuscle was a white blood corpuscle. He rejected as erroneous the previous opinion that pus could be derived from any other source than the white blood corpuscles.

Conheim's conclusion that the pus corpuscle and the white blood corpuscle are identical, has been widely accepted. It is due partly to the acceptation of this theory that the name "*leucocyte*" has arisen, a name which is applied indiscriminately to the white blood corpuscle, the lymph corpuscle, the wandering cell, and the pus corpuscle. Some, in publishing their acceptation of the theory, have added the saving epithet "*morphologically*" to the "*identical*," evidently implying some doubt, after all, as to its correctness.

In spite, however, of the general acceptation of the opinion, it appears to me to be inconsistent with certain well-known facts. It is my purpose to present some of these facts, and show wherein they are inconsistent with the theory. I shall consider the subject from Conheim's standpoint: supposing that all pus originates from white blood corpuscles, although I consider the proof of such sole origin as far from complete.

In the first place, it by no means follows that, because a pus corpuscle is derived from a white blood corpuscle, it is identical with a white blood corpuscle. The white blood corpuscles are mere stages of growth, just as a chrysalis, or a tadpole, is a stage of growth. They have no particular function of their own, as, for instance, the red corpuscles have; they only exist in order that they may be developed into something else. If this is the case, it is not only supposable that, under the changed conditions of nutrition to which the wandering cells are subjected, outside the vessels, they should undergo a change; but it is difficult to understand how they should continue to be the same that they were within the vessels.

Mere similarity of form and appearance is, as we all know, one of the least reliable of resemblances; and the fact that a pus corpuscle appears to be like a white blood corpuscle can surely go but a short way towards establishing their identity. The sporules of fungi can often be crushed, and the softer, central portion can be freed from the envelope. When this is done, the central portion of the sporule may resemble a white blood corpuscle so closely in every particular, except, perhaps, in size, that even an experienced observer would be unable to distinguish them apart. Would any one, on this account, consider them to be identical? There must be other resemblances between two bodies besides form and appearance merely, to render them identical. They must correspond in all essential particulars; and if they differ in any essential particular, they plainly are not identical. Now let us see if pus corpuscles correspond in all essential particulars with white blood corpuscles.

The white blood corpuscles of every healthy person correspond, in every particular with which we are acquainted, with the white blood corpuscles of every other person; and while there may be, and probably are, points in which the corpuscles of every individual differ from those of every other individual, these differences are so slight that the corpuscles of one person may be substituted for those of another, by transfusion of blood, without disturbance of function. If, then, pus corpuscles are the same things as white blood corpuscles, all pus which has not a specific origin should be similar. I need hardly say, however, that this is notably not the case. No one would suppose for an instant that the pus from an ordinary abscess and that from a purulent ophthalmia were the same. Yet the bland and unirritating pus from the abscess, and the highly contagious pus from the purulent ophthalmia, may have had their origin in a simple, and perhaps similar, irritation; and the white blood corpuscles of the two individuals may preserve their similarity at the same time that the pus shows such great differences. Can things which differ from each other both be similar to the same thing?

Again, the physiological action of pus differs from that of a white blood corpuscle. White blood corpuscles may easily, and with safety, be transferred from the vessels of one individual to those of another; but if pus is injected into the vessels, the result is a serious disturbance. The experiment has been tried of injecting pus into the veins of an animal; a febrile action, dangerous to the life of the animal, is the result; and if some of the blood of this animal is injected into the veins of a second animal, a still severer disturbance than in the first animal is set up. If the blood of the second is injected into the veins of a third, a similar disturbance is set up; and so of a fourth, and so on. The introduction of pus into the veins of the animal has given rise to profound changes in its blood—an effect differing widely from the harmless result of the introduction of the blood corpuscle.

Again, the white blood corpuscles can become organized, and form tissue; or, at least, the wandering cells outside the vessels can become organized; and it is a well-known fact, that

from these wandering cells all inflammatory, new formations arise. Some, indeed, maintain that from such wandering cells are produced all the new growth of connective tissue, and all the new formations in the body. Pus, however, cannot become organized, as any one who has observed the mischief done by a small quantity of pus beneath the periosteum of a finger can well appreciate.

If pus, then, originated from a white blood corpuscle, it has lost the power of organizing; and who can tell how great is the difference which has resulted from that loss?

Again, if the pus from our purulent ophthalmia, which may have arisen from a simple irritation, be introduced beneath the lid of a well person, it will, in all probability, set up a disease similar to that in the eye from which it was taken. If a white blood corpuscle had the property of setting up disease, what surgeon would be skillful enough to avoid purulent ophthalmia? The pus from purulent ophthalmia, then, has not only lost the power of organizing, but has acquired noxious properties, which render it hurtful to the person in whom it originated, and dangerous to those with whom it may come in contact. Can any two things differ more widely than the blood corpuscle and this pus—the one a useful and necessary part of the body, and the other a breeder of disease, and an object to be dreaded?

In what I have said, granting what I do not believe, that all pus originates from white blood corpuscles, I have tried to show:

1st. That white blood corpuscles, being in a transition stage, we have no right to expect that, in the changed condition of nutrition to which they are subjected, outside the vessels, they would continue to be the same that they were within the vessels.

2d. That mere similarity of appearance was insufficient evidence of identity.

3d. That different samples of pus are unlike each other; which they would not be if they were white blood corpuscles.

4th. That pus differs from white blood corpuscles:

a.—In the disturbance which it sets up when introduced into the vessels.

b.—In the loss of the power of organizing.

c.—In the frequent acquisition of contagious properties.

These are some, though by no means all, the reasons why I consider that pus is not the same thing as a white blood corpuscle. If I have established the point, it will be something gained; if I have failed, I would esteem it a favor to be shown my error.

CASE OF NEURALGIA OF THE TESTES CURED BY ELECTRICITY.—The patient, a young man, free from all syphilitic disease, experienced such intense pain in the testes, that he urgently asked Dr. Felippi to perform castration. The case was carefully made out to be neuralgia, independent of any affection of the testicle or of any accumulation of fæcal matter; and in five sittings the patient was entirely cured. Dr. Felippi made use of a weak and direct constant current.—*L' Imparziale*, No. 16, 1873.

EMPYEMA.

BY J. B. ROOD, LEMONT, COOK COUNTY, ILLINOIS.

THE patient, Russell Cleveland, aged seventeen years, was taken with measles in June, 1872, which was followed with hydrothorax. July 28th, 1872, Dr. W. P. Pierce was called in consultation, and found the following physical signs: Dullness over the left lung, and bulging out between the intercostal spaces between the second, third, fourth, and fifth ribs; pulse, 140, and seventy-five respirations per minute. The heart was pressed over to the right side. He was suffering from extreme anxiety, and suffocative symptoms, speaking with difficulty, and in a short, jerking voice. His countenance was blue; the extremities were cold; the respiratory murmur was everywhere absent on the left side. Dr. Pierce suggested that paracentesis be performed; but the patient and parents refused; but as the symptoms grew worse, they consented, and on July 30th, two days later, he performed paracentesis.

The chest was opened on the left side, three inches back from the left nipple, between the fourth and fifth ribs. About three pints of purulent fluid flowed out. He was immediately relieved, and was enabled to sleep. The wound was kept open, and washed out each day with a weak solution of carbolic acid. It continued to discharge from eight to ten ounces each day. His strength returned slowly, and during this last summer he has ridden out nearly every day and was accustomed to hunt more or less during the months of July and August.

Four weeks ago the opening became closed, and for two weeks he seemed to feel much better, until March 1st, when he was taken much worse, which continued until March 8th, when he died.

The next day Dr. J. W. Comes and myself made a *post-mortem*. We found, in opening the chest, that the left thorax was filled with purulent fluid, at least two quarts. The lung-substance on that side was entirely gone; not anything left that would indicate that there was ever a lung on that side. The heart was on the right side; apex was between the fifth and sixth ribs, four inches from the sternum. The left auricle was directly under the center of the sternum, between the second and third ribs. The pericardium was adherent to the sternum, and was filled with pus. The left ventricles and auricles contained a white, glutinous substance, which I should think would weigh about an ounce and a half. The walls of the heart were very much thinned.

There was nothing abnormal in the condition of the right lung. The patient's pulse for the last year has been 112 most of the time. He was kept on tonics and cod-liver oil all the time.

RESTRAINT OF HÆMORRHAGE DURING OPERATIONS IN THE MOUTH.

By E. Andrews, M.D., Professor of Principles and Practice of Surgery in Chicago Medical College.

SOME operations in the mouth, particularly staphylorraphy and uranoplasty, are greatly embarrassed and very much prolonged by the following circumstances:

1. The operator and the anæsthetizer cannot both work at the same time, so that they are obliged to alternate—the operator ceasing his work whenever the patient begins to awake, in order that the anæsthesia may be renewed.

2. These operations, considering the small amount of tissue cut, are very bloody, compelling frequent cessation of work, to arrest the hæmorrhage and clear away the blood.

It follows that very often between the suppression of hæmorrhage, the clearing out of blood and mucus, and the repeated re-anæsthetizing, the surgeon gets a vexatiously small proportion of the time in which he can actually use his instruments.

The following successful experiment, to obviate these difficulties, was performed at the suggestion of my friend Dr. Ira Manly, of Markezan, Wis.

The patient being first etherized in the ordinary way, the mouth was held well open, by an instrument which I devised some years ago for this purpose, and have used ever since with excellent results. The paper cone and towel with which the etherization was first accomplished, was now laid aside, and Dr. Manly, taking an ether spray apparatus in his hands (such as is used for local anæsthesia by freezing), directed the spray upon the roof of the mouth; but not with such intensity as to produce freezing. The cold thus produced contracted the vessels, so that I was able to perform uranoplasty with comparatively little delay from hæmorrhage, or accumulation of mucus. At the same time, the patient was constantly inhaling the vapor of the spray, so that the anæsthesia was steadily maintained without interrupting my operative procedures. The result of this method was so admirable, that I desire to call the attention of the profession to its great advantages.

Chicago, No. 6 Sixteenth street.

A formidable rival to the German Erbswurst has proved its virtues in the Russian expedition to Khiva. It is a biscuit composed one-third of flour of rye, one-third of beef reduced to powder, and one-third of sauer-kraut also reduced to powder. Great relish for the food, and excellent health from its use, have been characteristic of the soldiers throughout the campaign.

Editorial Department.

HAVE WE ANY CHOLAGOGUES?—It seems to us that the author of the essay on this question, in the present number of THE EXAMINER, like most others who have experimented on the same subject, has made a mistake in looking for cholagogues among cathartics, or in regarding the active cathartic action of any medicine as a test of its power to increase the secretions of the liver, or of any other organ, except the follicles of the mucous membrane of the intestines. We learned, by simple clinical observation, many years since, that when any medicine was given in sufficient doses to act directly on the bowels as a cathartic in a few hours, it had little or no effect in increasing the action of any other organs. Indeed, few facts are more familiar than that profuse intestinal discharges, whether from cathartics or spontaneous diarrhœa, speedily cause a diminution both in the secretions of urine and in the evidences of bile in the evacuations. Hence, to test the action of any medicine on the liver, or any other secreting organ outside of the mucous membrane of the alimentary canal, it should be given in such a way as not to induce co-incident active evacuations in any other direction.

PROFESSIONAL CONFIDENCE.—The *Times* newspaper of this city has recently made a persistent effort to create the impression that Professor H. A. Johnson, of this city, in an article published in the *Tribune*, March 3d, had grossly violated professional honor, and betrayed the sacredness of the relation between physician and patient, by using the following expression: "He (Storey) charges me with having withheld important facts from the profession. The only *fact of which I am aware, bearing on the case, and not stated, was, that she* (Mrs. Storey) *had been a prostitute.*" To make the allegation of this fact appear as a breach of professional confidence, it must be assumed that his knowledge of the fact was obtained by professional intercourse with the lady, or her husband. But the truth is, that not a word had ever passed between the doctor and his patient concerning *prostitution*, or any of its consequences. And the foregoing allegation, made in self-defence, was founded entirely on knowledge obtained from *public sources*, and was in no sense a betrayal of the confidential relations between the physician and patient.

AMERICAN MEDICAL ASSOCIATION.—This important national organization is to hold its next annual meeting in Detroit, Michigan, commencing on Tuesday, *June* 2d, 1874. We call special attention to this date, lest some might forget, as the time of meeting has more frequently been the first Tuesday in May. But the northern location of Detroit makes the first Tuesday in *June* much the more

pleasant time for such a gathering. We trust the profession throughout the North-Western States will appreciate the necessity of contributing its full share, both to the numbers in attendance and the interest of the occasion. There are some important constitutional amendments pending, to be acted upon at that meeting. Their object is, to make the Association a more directly representative body, by limiting the representation to State, District, and County medical societies, and cutting off all schools, hospitals, and other medical organizations. The proposition is an important one, and should be well considered.

ILLINOIS STATE MEDICAL SOCIETY.—The next annual meeting of this Society is to be held in Chicago, on Tuesday, the 19th of May next. The profession in the city will cordially welcome their professional brethren from all parts of the State; and we hope to see a much larger number present than at any former meeting since the Society was organized. Let none forget the time, but come, each one prepared to contribute something to the interest of the occasion.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF MARCH 23D, 1874.

Reported by Plym. S. Hayes, M.D.

THE Society met as usual, in the parlor of the Grand Pacific Hotel, the President in the chair.

The minutes of the preceding meeting were read and approved.

Dr. C. T. Parkes was unanimously elected to membership; and the names of Drs. Ralph E. Starkweather, W. H. Warn, and E. P. B. Wilder, were presented as candidates.

Dr. F. H. Davis then read a clinical report of operations on the mouth, which described Dr. I. Manly's method of rendering the hæmorrhage less profuse, and at the same time continuing the anæsthesia.

Dr. Henrotin then exhibited an enlarged heart, and related the following case: The patient, a laborer, of foreign birth, and in previous good health, with the exception of an attack of pneumonia a year prior to his death; temperate; weighing about one hundred and seventy pounds — fell down when at work, and died in three minutes. He had been able to sleep in any position; had not had dyspnœa; and there was no dropsical effu-

sion, except in the pericardium. He had not been at work since last fall, but had been engaged in labor — the first time for months—only about two hours previous to his death. Upon opening the chest, the pericardium was found enormously distended, and pushed forward into the opening. This was punctured, and about fifteen ounces of clear serum evacuated. The pericardium showed no signs of inflammation. The heart, enormously enlarged, was then uncovered. Its right side was distended with dark fluid blood, and the right auricle was so large that it resembled a tumor. When opened, and measured transversely, the auricular walls were found to be ten inches in extent. The aortic semilunar valves were rigid and fixed, from a cretaceous deposit. There were no heart-clots; nor were there any clots found in the large arteries. The lungs were congested. The heart weighed thirty-two ounces.

A discussion then followed as to the direct cause of death, in which Drs. Henrotin, Hyde, Lyman, and others, participated.

Dr. Bartlett then read the Annual Report of the Section on Pathology; the sub-sections on the pathology of the nervous system, syphilis, and cutaneous affections, making separate reports. All that was new or interesting in this branch of science, published in the medical periodicals of the past year, was collected and presented.

The Secretary read a communication from Dr. Quine, on the part of the Committee of Arrangements, in regard to entertaining the State Medical Society, which convenes in this city in May next. It was resolved, on motion of Dr. Hyde, that "this Society desires to co-operate with, and extend all requisite aid to, the Committee of Arrangements in providing an entertainment for the State Medical Society."

In furtherance of Dr. Owen's motion, that every member of the Society connected with the Staff of a hospital be added to the Committee on Clinical Reports, which was adopted at the meeting of March 9th, a list of names of those added to the Committee was read.

The Society then adjourned.

Gleanings from Our Exchanges.

THORACENTESIS.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT, NOV. 24, 1873.

From Boston Medical and Surgical Journal.

DR. LYMAN reported a case to show the good results of this operation.

The patient, a man aged twenty-six, had a cough, with pain in his right side and dyspnœa, for about six weeks; and, latterly, there was some œdema of the feet. He was tapped, and is doing very well, showing a marked contrast to a patient in the

next bed to him, who had gone on for a long time with an effusion, and who now has empyema. He also spoke of a case where he had made a permanent opening, and put in a tube. The opening had healed, and the patient was discharged, well, although there was considerable contraction.

Dr. Tarbell spoke of a case in which Dr. Minot had made a permanent opening, by cutting down between the ribs, which had done very well; also of a case in his own ward, where pus showed signs of pointing near the cardiac region. This was opened, and nine pints of pus removed. The patient, however, not doing as well as was expected, after exploring with the pneumatic aspirator, Dr. Tarbell cut into the pleural cavity in the usual place, and put in a tube. The improvement since has been very marked, the patient having grown fat and strong.

Dr. Bowditch said that he had always advocated free opening in these cases, but that at the present time the fact of the patient's insisting upon having ether would modify his treatment in some cases. He knew of four cases, within a year, where thoracentesis had resulted fatally, and he felt sure that ether had a great deal to do with the result.

Dr. Ellis said that those cases where an operation was indicated, and the use of an anæsthetic was to be feared, would seem to be proper ones for the use of the atomizer with rhigoline, or some other freezing agent.

Dr. Lyman said that he was very glad that Dr. Bowditch had called attention to the possible danger in the use of ether in such cases, and was convinced that his idea was perfectly just and well-founded. He had reason to think that if the case he had just reported had been etherized, he would have died from the fact of the extreme dyspnœa, sense of constriction, and faintness, which followed (causing him much uneasiness for fifteen minutes), and which was only overcome by prompt and repeated stimulation, and by encouragement of the patient to some personal effort, neither of which would have been available had he been paralyzed by ether. He farther said that the cause of the temporary distress was, doubtless, due to the removal of too much fluid at one sitting, the lung not being readily expansible, and the neighboring organs, especially the heart, being so suddenly dislocated to occupy the space from which the fluid had been removed.

Dr. Ellis asked Dr. Bowditch with regard to the indications for stopping in the operation, and whether the severity of the cough and the action of the pump were not the most reliable ones.

Dr. Bowditch said that a very severe fit of coughing would make him stop; but that he considered a moderate amount as rather a good sign, as it shows that the lung is expanding. What he considered the most important indication to cease drawing off the fluid was to be got from the feelings of the patient himself; namely, as soon as a sense of stricture or constriction across the chest was complained of, the operation should cease.

December 8th. — Dr. Tarbell showed the two cases of thoracentesis of which he had spoken at the last meeting, one of whom had been operated on by Dr. Minot, and the other by himself. They both were very satisfactory, the openings having healed, and percussion and auscultation showing that the lungs had returned to almost their normal condition. He then read the following paper:

"As the subject of empyema was brought up at the last meeting of this Society, and objections were raised to the etherization of any patient into whose thorax a free opening was to be made, I will report two cases which have lately been treated in the wards of the Massachusetts General Hospital, and will exhibit the patients.

"One case will show, as far as *one* case may, that ether is not necessarily unsafe in all cases of empyema. The other is a fair type of the cases where it is at least prudent not to give ether. Both cases will, I think, help

to show that the danger lies, not in making a free opening while the patient is etherized, but in etherizing while the lungs are so oppressed that the least addition to their burden causes asphyxia.

"I.—Katy H., thirteen years old, a mill-operative, was admitted to the hospital June 20, 1873. Her mother died of some lung disease. Her father is living and healthy. She has always been well until the present attack, which began two weeks previously, without known cause, with a short, hacking cough, but no expectoration. The next day Dr. Minot examined her, and found the usual symptoms of considerable fluid in the left pleural cavity, the heart being so dislocated that its impulse was heard and seen directly at the xiphoid cartilage. The next day Dr. Minot performed paracentesis, removing about three pints of purulent fluid with the syringe. She seemed relieved by the operation; but the next day the pulse and respiration began to grow worse again, increasing in frequency until the 30th, when the record reads, 'pulse 135; respiration 48; temperature 104.2°; cough urgent.'

"The patient having been fully etherized, Dr. Minot made an incision into the left pleural cavity, between the eighth and ninth ribs, below the scapula, allowing the escape of about a quart of inodorous pus. He then inserted a small rubber drainage-tube, and syringed out the cavity with water.

"On the second day afterward the patient came into my charge, her pulse having gone down from 135 to 100, the respirations from 48 to 30 per minute, and the temperature from 104° to 99.5°.

"The cavity was thoroughly syringed out, twice daily, with a weak solution of carbolic acid. Under good nourishment, mild stimulants, and no medicine except an occasional opiate, she steadily improved. In two weeks after the operation she was carried out into the garden. In four weeks, she walked out. In four and one-half weeks the discharge was but a few drops daily, and the tube was removed. Its removal was premature, however, for in twenty-four hours she lost her appetite, became hot and feverish, with a pulse of 140, and temperature of 103°. The tube was replaced, the syringe practiced as before, and continued until October 17th, fifteen weeks after the operation, when the tube was finally removed. The wound healed in two weeks.

"At the time of the removal of the tube, the left side was much smaller than the right; but since then the lung and left side of the thorax have expanded, until they are now nearly as large as the right; and there is very little deformity. The heart has returned to its normal position. The respiratory murmur is good over the left front, and fair over the back, down to within about two inches of the cicatrix of the incision. The patient is fat and rosy, with good appetite and strength.

"II.—Manuel Antone, twenty-one, single, a Portuguese laborer, ignorant of our language, was brought to the hospital July 27, 1873, without any history except that he had been sick two months with cough, sharp pain in the left side, and, latterly, urgent dyspnœa.

"On examination, I found the symptoms of enormous distention of the left side of the thorax with fluid, which forced itself out between the ribs at some points, and was burrowing beneath and among the muscles in front of the chest. The heart was dislocated so far that its apex-beat was visible to the right of the sternum. He was literally gasping for breath.

"Without etherizing him, I made an incision through the skin and muscles, just below and to the outside of the left nipple, giving exit to four and a-half quarts of creamy, inodorous pus. The distention was so great that the pus was at first expelled in a large stream to a distance of ten or twelve inches from his body. He immediately expressed a sense of relief. A poultice was applied to the wound, and frequently changed. Pus

followed in large quantities from the incision, and the patient felt a little easier; but there were no means of determining the location of the perforation of the pleural cavity; and the serious symptoms did not abate. The pulse continued about 120, the respiration 34, and the temperature 102°.

"After waiting three days, I made another incision, plunging the knife directly into the left pleural cavity, between the ninth and tenth ribs, about four inches below and behind the angle of the scapula, giving exit to about two quarts of pus. A small rubber drainage-tube was introduced. The cavity was thoroughly syringed out twice daily with a weak solution of carbolic acid (twelve grains to the pint of water). Little or no pus came from the first incision after the drainage-tube was introduced. Stimulants and nourishing food were all the medicine he had.

"He improved steadily, with the exception of a single occasion when the tube became misplaced. In three weeks he began to sit up. In four weeks he was carried out into the garden. The discharge decreased slowly in amount until November 18th — sixteen weeks after opening the thorax—when the tube was finally removed. The wound quickly healed. The heart has returned nearly to its normal position. There is resonnance over the left side down to a line drawn about one inch below the angle of the scapula, and respiration is heard nearly to this line. There is but little deformity, and there is no lateral deviation of spine.

"I think the successful results in these two cases are due to the persistence with which the wounds were kept open, and to the free drainage permitted by the tube, and also to the faithful and thorough daily syringing of the cavity, carried out by Mr. Rotch, the house-officer.

"I have here a very efficient, and at the same time simple, contrivance for retaining the drainage-tube securely. It was invented by Mr. Mosely, one of the present house-officers at the hospital. It is a rubber diaphragm, about one and one-half inches in diameter, and a strip of tin two inches wide, through the center of which the tube passes, and to which it is easily made fast by adhesive plaster. The ends of the strip of tin are then bent sharply upward; the tube is inserted into the wound, the convex surface of the tin turned toward the thoracic walls, to which the ends are made fast by adhesive plaster, thus gently pressing the diaphragm against the wound, holding the tube firmly in place, and at the same time preventing leakage around it.

"To make the tin spring for retaining the drainage-tube in its place, take a strip of common sheet tin, one inch wide and ten inches long. In the middle of this make a hole just large enough to admit, but not constrict, the tube to be used. At a distance of three-quarters of an inch from this hole, on each side, bend the tin at a right angle, so as to form a letter U. At one inch from one of these right angles bend the tin at another right angle, in an opposite direction to the first. Pass a narrow strip of adhesive plaster around the U-shaped depression, so as to prevent its spreading. The tube is to be passed through the hole in the bottom of the U-shaped depression, which is to press against the diaphragm through which the tube passes. Pad the ends of the spring with cotton-batting, bend it to fit the form of the person to whom it is to be applied, and attach it with adhesive plaster.

"It was suggested at the last meeting that the symptom of a sense of constriction across the thorax, which is relied on as a warning of approaching danger, would be wanting if the patient were etherized. I believe it is conceded that this symptom is induced by the creation of a partial vacuum in the cavity of the thorax, which the lung cannot expand to fill. If a free opening is made with the knife, the air rushes in to replace the fluid flowing out—no vacuum is formed, and this objection does not hold.

"I believe, also, that it is not the

usual custom — it certainly is not at the hospital — to etherize for the removal of fluid by means of Dr. Wyman's suction-syringe, or aspirator.

"Of these two cases, the first was fully etherized; and she suffered no ill effects from the ether at the time of the operation, nor subsequently. The second was not etherized. The idea of using ether did not occur to me, nor was it suggested by any of the physicians or surgeons present. The patient seemed to be having as much as he could do to get breath, even aided by voluntary efforts; and it would have taken but a slight addition to the burden to have stopped his breathing altogether. A little more pus would have done it. Had I etherized him, and in doing so deprived him of the little oxygen he was getting, the ether would have been exactly as important an element in causing his death as the proverbial 'last straw' was 'in breaking the camel's back.' The previous load must be taken into account, and carefully estimated. It seems to have been pretty well demonstrated that a patient may be asphyxiated while being etherized for any operation.

"The additional danger in etherizing these cases lies in the fact that there is much less lung tissue in working-order, through which the system may obtain the necessary oxygen; but the danger is immediate; and I do not see how ether can be justly accused as the cause of death occuring ten days, or four days, after the operation. The idea of the knife plunged directly into the thoracic cavity, and the pain also, is something terrible, and we would all wish to save our patients from such agony, if possible. I believe that many of these cases may be *safely* etherized, if it is slowly and carefully done."

Dr. Bowditch said that these cases show how surgical interference at the right moment may save life. He was still, however, of the same opinion as at the previous meeting, namely, that in cases where the effusion is so great as to seriously interfere with the respiratory function, ether should be given with great caution.

Dr. Ellis showed two patients, to illustrate the curved line of dullness in cases of pleuritic effusions, of which he had previously spoken. One of the patients had been tapped; in the other, the absorption had been spontaneous. Both showed, in a very marked manner, that the highest point of dullness was at the side, the line gradually falling as it approached the spine. This line was mapped out by the percussion so as to be evident from any part of the room. The respiration, he stated, also followed this line.

Dr. Minot spoke of one point, in connection with the case shown by Dr. Tarbell, in which a permanent opening had been made, namely, the very great advantage of syringing the pleural cavity out with a solution of carbolic acid. This so effectually controls the bad odor, which is always present in these cases, that, by this means, the operation can be done in a large ward, instead of having to isolate the patient as was formerly the case.

NOTES OF NEW YORK HOSPITAL PRACTICE.

From the New York Medical Record.

CHARITY HOSPITAL.

PNEUMONIA. — The remedies commonly employed in this hospital in the treatment of pneumonia, are quinine, carbonate of ammonia, and the alcoholics; occasionally, if the fever is too brisk, liq. ammon. acetatis is administered. The oil-silk jacket is uniformly adopted. Quinine is administered from the beginning. Alcohol, as a rule, is early resorted to. Carbonate of ammonia comes in before the second stage becomes completely developed, and is

continued throughout the remaining portion of the course. Diet includes hospital extras. An effort was made by one of the visiting physicians to withdraw, somewhat at least, from this highly tonic and stimulating plan of treatment. Accordingly, liq. ammon. acetatis and tincture of aconite were recommended as the chief remedies to be employed during the earlier part of the disease; but the experiment proved so disastrous, the rate of mortality increasing so rapidly, that the attempt at reformation was at once abandoned.

The constitutional condition of the patients who find admission to this hospital, doubtless has a controlling influence upon the treatment necessary to be adopted in this class of diseases, if the best results would be obtained.

EXPECTORANT MIXTURE.—An expectorant mixture very commonly used in cases of chronic bronchitis, and with very good results, is the following: Ammon. muriat.; liq. morph. sulph. (Mag.), of each one drachm; syr. tolu; syr. scillæ co., of each one ounce. Mix. S. one drachm, t.i.d.

NIGHT-SWEATS OF PHTHISIS.—House-Physician Smith remarked that two grain pills of oxide of zinc t.i.d., has answered a better purpose in his division for controlling this symptom than any remedy that had been employed.

ACUTE ARTICULAR RHEUMATISM.—Dr. Smith also directed my attention to an external application to be used for the joints, during the progress of this affection. The following is the formula: Tinct. opii, one ounce; spts. chloroform, one and a half ounce; lin. saponis, ad., one pint. Mix. This liniment is applied freely over the joints, and immediately covered with cotton and oil-silk. The relief from pain afforded by this application has been very gratifying to all his rheumatic patients. The general treatment is alkaline.

IRRITABLE STOMACHS.—The case to which my attention was directed, was one in which the ordinary irritability of stomach associated with phthisis, required special treatment. The method of treatment, however, is almost uniformly adopted when an irritable condition of the stomach manifests itself in connection with *any* chronic disease. The remedy is *raw beef*, chopped fine, and seasoned with salt, pepper, and vinegar. The patient is to subsist entirely upon beef prepared in this manner. Dr. Smith remarked that this plan had, in his wards, seldom failed to afford relief to this condition, when associated with any chronic affection.

SILICATE OF SODA IN THE TREATMENT OF FRACTURES.—House-Surgeon Pierce informed me that he had employed the silicate of soda in his division in the treatment of fractures equally as much as he had employed PLASTER-OF-PARIS. The soda splint has furnished very pleasing results, and, when carefully applied, makes a most elegant and serviceable splint. Three bandages are ordinarily used, the limb being coated over with the silicate, after the application of each bandage. It is also well, and perhaps always advisable, to add narrow strips of pasteboard as the bandages are being applied. Extension, in the proper direction, must be maintained until the splint is thoroughly dried.

ACETIC SPRAY IN DIPHTHERIA.—Diphtheria, scarlet fever, typhus and typhoid fevers, and small-pox, constitute a group by themselves.

By present arrangement this department falls under charge of the hospital staff, as one of the branches of "Out-door Service." Dr. Partridge, House-Physician, mentioned that, with regard to diphtheria, very satisfactory results had been obtained in the local treatment of the disease by the use of acetic acid, in solutions of varying strength, in the form of spray. The remedy is used by means of the so-called atomizer. It seems to have the power to dissolve the membrane, and in several cases, where well-developed and somewhat advanced croupy symptoms were present, all were relieved, and that quite speedily, by the use of this agent. The admin-

istration of alcoholics is governed by the condition of pulse and temperature. The rate of mortality is small.

ITCHING AND PITTING IN SMALL-POX.—To relieve the intense itching which attends this eruption, washing the surface with glycerine and water acts as if by magic.

To prevent pitting, one of the visiting physicians recommended the use of tr. iodine. The remedy should be employed, if possible, before vesicles are formed. It is to be applied once a day. The effect of this remedy has not been sufficiently noted in the Small-Pox Hospital to warrant any conclusion relative to its value in this direction.

It was used, in one case, after the eruption had been vesicular for one or two days, but before it had become pustular; and only a moderate amount of pitting followed. Whether the adoption of an *ectrotic* plan of treatment will not do the patient more harm than can be counterbalanced by the benefit arising from a moderate arrest of pitting, or even a complete prevention of pitting, is, in many cases, thought to be a question worthy of consideration.

To prevent the formation of abscesses, the combined hypophosphites have served a very excellent purpose. One patient had eight abscesses, and another four, at various situations on the body, and all had rapidly healed under the influence of this combination treatment. In several instances, threatened formation of abscess had been dispelled. The influence of this remedy, therefore, was looked upon with favor, for the reason that abscesses, under such circumstances, are not infrequently attended with *grave* results.

BELLEVUE HOSPITAL.

HÆMORRHAGES.—This class of difficulties, such as hæmoptysis, hæmorrhage from bowels, hæmaturia, hæmatemesis, and hæmorrhages from the uterus, are treated upon this division most satisfactorily by the use of spirits of turpentine. The remedy is commonly administered in ten drop doses, repeated every two hours.

IODIDE OF POTASSIUM IN ANEURISM.—Our attention was directed to a case of thoracic aneurism, in which nearly all the distressing symptoms had disappeared since the patient had been placed upon large doses of iodide of potassium.

PNEUMONIA.—Quinia will reduce the temperature and pulse of pneumonia, with a good deal of certainty. Such an effect is beneficial. It requires large doses to accomplish this. It is customary to give pneumonic patients ten grains in the morning, and fifteen grains at night, or ten grains morning and night.

CARBOLIC-ACID OINTMENT FOR SCABIES. — Its success warrants farther trial.

MONARTHRITIC CASE. — Cardiac complication had occurred since admission to the hospital. The case shows the importance of correct diagnosis, in order that the patient may receive the greatest benefit from treatment.

HÆMORRHAGE FROM THE LUNGS. —There were some features of interest in connection with this case. The patient was aged twenty-eight, single, and a domestic. Mother died of consumption. One year previous to her admission, suffered from a sudden attack of hæmorrhage from the lungs. Soon after she began to lose strength, had night-sweats, and lost her appetite. Pain, especially beneath the scapula. Has suffered from several severe hæmorrhages. She has mitral regurgitation.

Hæmoptysis with mitral regurgitation, is a point of interest.

Mitral obstruction is the usual cause of hæmoptysis, when dependent upon cardiac disease.

If the hæmorrhages are profuse, it is hardly warrantable to conclude that they are due to cardiac lesion.

If regurgitant lesion alone exists, it is never warrantable to say that the hæmoptysis is dependent upon a cardiac cause.

The patient has improved since her admission to the hospital.

IMPROVEMENT IN A CASE WHERE THERE HAS BEEN REPEATED AND PROFUSE HÆMORRHAGES FROM THE LUNGS.—This is another point of interest. In general, patients do better when hæmorrhages from the lungs occur, if they are phthisical patients; and they are also rather more likely to recover than those who do not have such hæmorrhages; or, if they do not recover, they are apt to have an arrest of the disease. These facts can be used for the encouragement of patients.

Such were some of the interesting features of the case we were visiting, as drawn out by the visiting physician.

THE INFLUENCE OF POSTURE ON "PRESYSTOLIC" CARDIAC MURMURS.—The influence of posture in altering or removing cardiac murmurs, forms the subject of a valuable paper by W. R. Gowers, M.D., in *The Practitioner* for December, 1873. Dr. Gowers states that several cases have come under his notice in which, after a careful and skilled examination in the erect posture, a heart has been declared free from murmur, when, had the patient been made to lie down, a bruit would have been heard, which could not have been overlooked. He believes that, in most instances, the murmur which precedes the first sound, and is commonly regarded as characteristic of mitral obstruction, is both louder and longer in the recumbent than in the erect posture, and that in many instances, more frequently than in the case of any other cardiac murmur due to an organic cause, it may be heard in one posture and not in another—may be loud when the patient is lying down, and inaudible when he is standing up.—*Boston Medical and Surgical Journal.*

DEATH FROM INHALATION OF THE PRODUCTS OF COMBUSTION IN AN OPEN FIREPLACE WITH A CHIMNEY.—A man and his wife, both strong and healthy, went to bed in a room in the fireplace of which a fire had been lighted shortly previous. During the night, the woman awoke with symptoms of suffocation—arose, but staggered about, and fell to the floor. The husband rose to aid her; tried to light the gas, and failed, but likewise fell to the floor unconscious. When discovered in the morning, the man was dead; while the woman was so far gone that she was with difficulty resuscitated. The theory with regard to the death was, that the night being a very stormy one, and the fire small, the wind, blowing sharp and steady over a low chimney, acted as a damper, and effectually prevented the gases from making their escape by the way provided for them.—*Edinburgh Medical Journal*, January, 1874.

NEURALGIA IN INFANTS.—Children from two to six weeks old, especially males, suffer frequently with attacks of pain in the bowels, coming on about midnight, and lasting until four or five in the morning. Children thus affected cry violently, but towards morning become quiet, fall asleep, and the next day are well as ever. This enteralgia does not seem to be caused by any fæcal accumulations; it is very noticeable, however, that during the paroxysm they pass no water, and at the end of it a large quantity of pale-colored urine comes away, as after an hysterical attack. The cause of this retention of urine is unknown. The disease affects children of all classes of society, indiscriminately, without reference to their hygienic condition. The remedy recommended by Dr. Boyd (*Edinburgh Medical Journal*, Feb., 1873; *Schmidt's Jahrbucher*, 1873, No. 2) is spiritus ætheris nitrosi, eight or ten drops in a drachm of water. Immediately after, with escape of wind and the passage of a considerable quantity of urine, the crying ceases, and the little patient goes to sleep.—*Boston Med. and Surg. Journal.*

VIENNA is now supplied with clear spring water, at a temperature of 50 degrees F., brought from the heights of the Sœmmering, a distance of about seventy miles.

Book Reviews.

A CLINICAL History of the Medical and Surgical Diseases of Women. By Robert Barnes, M.D., London, Fellow and Lumleian Lecturer (1873) Royal College of Physicians; Examiner in Obstetrics and the Diseases of Women, at the University of London and the Royal College of Surgeons; Obstetric Physician, and Lecturer on Obstetrics and Diseases of Women, to St. Thomas' Hospital. Philadelphia: Henry C. Lea, 1874.

We gladly welcome this new work on Diseases of Women, by Dr. Barnes, who has long been considered high authority in this branch of medicine. The author states that the design of the work is not so much for the specialist, as "to give such a description of the medical and surgical diseases of women as will assist the medical practitioner in their diagnosis and treatment." Each subject, however, seems to be carefully and adequately discussed; and the introductory chapters, on the minute anatomy as applied to the sexual system, are exceedingly full and valuable. One chapter contains a description of different gynæcologocal instruments, in which we notice nothing new; and the remainder of the book is devoted to the diagnosis, pathology, and treatment of female diseases proper. The text is handsomely illustrated, and the engravings are nearly all new, not copied from other works which have long been familiar to us, but taken from actual pathological specimens, preserved in the museums of the London hospitals.

Among other new things, the author has introduced many new words of Greek origin, which he proposes as new names for some diseases, because, as he believes, they express more accurately their description, or pathology. These new names may be more scientific, or more classical, yet we are inclined to be partial to the old ones.

As regards treatment, it is noticeable how frequently Dr. Barnes recommends the use of the pessary as a means of bringing about a cure. He says: "If pessaries are found useful, it matters little whether they satisfy the conditions of science. That thousands of women find comfort and benefit from their use, is a fact too notorious to be disputed. Still, it is asserted that their usefulness, being only palliative, and temporary, and science supplying modes of treatment which are curative, pessaries should be discarded. If the premises are true, we could not reject the conclusion. But they are not true; and a wide field is still left for study, and the application of various modes of treatment, according to the various forms of the malady." Undoubtedly, many women have found comfort and benefit from their use, yet it is the experience of many gynæcologists that as many women, if not more, have received decided harm and injury from them. How often does it happen that a physician introduces a pessary, perhaps intending it only as a palliative, and temporary treatment, and the patient goes away half comprehending what is intended, and does not return till the instrument has produced a state of things worse than the original disease? Too many worthless, if not injurious, pessaries, are being offered to the profession; and the least objectionable ones, in our opinion, should only be used as a last resort,

when all curative measures have failed to meet the circumstances of the case.

Tumors of the uterus are treated at length, including the latest investigations, and many practical points are suggested. Cancer of the uterus has received the attention which the importance of the subject demands. In a word, the treatise is thoroughly practical, drawn from a rich personal experience, and is entitled to a place among the leading works on diseases of women. W. H. W.

The Chicago Journal of Nervous and Mental Disease. Edited by J. S. Jewell, M.D., and H. M. Bannister, M.D., January, 1874.

The first number of this new periodical is before us, containing 114 neatly printed pages; and is filled with a good variety of most interesting articles. The first of these is a lecture on "The Pathology of the Vaso-Motor Nervous System," occupying seventeen pages, by the senior editor. Another article, occupying fourteen pages, is an abstract of a lecture at St. Petersburgh, by E. Cyon, "On the Relations of the Heart's Action to the Nervous System, and to Mental and Emotional States." These two leading articles are worth more than the price of the *Journal* for one year. But the editors, by translations, abstracts, and selections, have filled every page of this number with matter of interest and value. From what we know of the ability and industry of the editors and publishers, we assure our readers that they will find it all that it claims to be. It will be published quarterly, at $4.00 per annum; single copies, $1.00. Address, the editors, 57 Washington street, Chicago. N. S. D.

Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States, for the Fiscal Year 1873 (July 1, 1872 to July 30, 1873). By John M. Woodworth, M.D. Washington: Government Printing Office, 1873. pp. 154.

Dr. Woodworth has certainly accomplished much in the way of reform in the Marine Hospital Service, by his energy and untiring perseverance; and is fairly entitled to the congratulations of the profession. The present is the second of his official reports which have been printed for distribution, and it bears internal evidence of improvement in the general management and construction of hospitals, and their recent direction to scientific methods of examination, treatment, and record. Appendix "B," of this report, "On the Natural History of Yellow Fever in the United States," is from the pen of Dr. J. M. Toner, of Washington, so favorably known in connection with the foundation of the Toner Lectures. It is illustrated by a chart of elevations above the sea-level, of localities where the disease has prevailed. This is exceedingly valuable as an aid to the study of the ravages of yellow fever upon this continent.

The Supervising Surgeon has a grand field before him; but he has, also, a duty to perform, which, if it be not well discharged, will almost neutralize his other achievements—it is the complete separation of the Marine Hospital Service of the United States from all political control. Science, when shadowed by the upas-tree of politics, is a dwarfed and defenceless object of pity. Dr. Woodworth understands this; and we unite with all who wish him success in his efforts to uproot the gigantic evil. "*Macte virtute esto.*" J. N. H.

Lectures on the Clinical Uses of Electricity, Delivered in the University College Hospital. By J. Russell Reynolds, M.D., F. R.S., Fellow of the Royal College of Physicians, etc. Second Edition. Philadelphia: Lindsay & Blakiston, 1874. pp. 118.

Galvano-Therapeutics; a Revised Reprint of a Report made to the Illinois State Medical Society, 1873. Philadelphia: Lindsay & Blakiston, 1873. pp. 64.

The therapeutic uses of electricity and galvanism are little understood by general practitioners of medicine; and those who have specially investigated the subject are far from being in accord as to the methods of treatment, and the diseases in which such treatment is indicated. That volume has yet to be written which will, on the one hand, satisfy the actual needs of the profession, and, on the other, be fully received as an authority by those who are in the advance of electro-galvanic science. As an *avant-courier* of this book of the future, each of the volumes before us deserves the attention of those who desire to be familiar with the literature of the subject.

As regards the subject of electricity and galvanism in cutaneous disorders —a field recently developed by the researches of Beard, of New York, and which, judging from his published papers, promises abundant harvests for its explorer—we note that the English author is entirely silent, and the American has but little to offer. This fact is an index of the relative practical value of the two volumes.

The Nature of Gunshot Wounds of the Abdomen, and their Treatment; based on a Review of the Case of the Late James Fisk, Jr., in its Medico-Legal Aspects. By Eugene Peugnet, M.D., Surgeon to the Northwestern Dispensary, &c. New York: Wm. Wood & Co., 1874. pp. 96.

A scholarly and well-written monograph, fortified at every point by authoritative citations, and lucid in every detail, is rather a matter of surprise in these days of loose authorship. Dr. Willard Parker may well feel complimented by the dedication to him of this labor of his former pupil.

One cannot avoid concurring with the author, after a perusal of his premisses, in the following conclusions, deduced from the medical jurisprudence of this *cause celebre*:

1. The shooting of Fisk was not done in self-defence; but with premeditation.

2. The abdominal wound was not necessarily fatal; and the morphia administered was the immediate cause of death.

"He who profits by his blunders is least likely to commit them."

A Handbook of Medical and Surgical Reference. By John A. Wyeth, M.D., Member of the New York Pathological Society, &c. New York: Wm. Wood & Co. 1873. pp. 279.

This little volume is intended, mainly, as the author declares in its introduction, "to assist the young practitioner in his labors." It contains information which should properly be stored, in large part, in the minds of old and young practitioners alike. But if this were the case, the usefulness of the little manual might be impaired, and so we may be sure, in either case, the information is available. The book is bound with a fold for convenience of the pocket.

BOOKS RECEIVED.

Treatment of Nervous and Rheumatic Affections by Static Electricity. By Dr. A. Arthius, translated from the French by Dr. J. H. Etheridge, M.D. Chicago: W. B. Keen, Cooke & Co. 144 pp. Price, $2.00.

A Treatise on Therapeutics, comprising Materia Medica and Toxicology. By H. C. Wood, Jr., M.D. Philadelphia: J. B. Lippincott & Co.

Relations of Colorado to Pulmonary Consumption. By Thos. E. Massey, A.M., M.D., Denver, Col. Pamphlet; 26 pp.

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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

RARE FORM OF CARDIAC AND RENAL DISEASE, DIFFICULT OF DIAGNOSIS

REPORTED BY N. S. DAVIS, M.D.

MR. C., aged thirty-one years, a tin-smith, native of England, first presented himself to me for examination in the early part of the year 1873.

He presented a moderately anæmic look, though not emaciated; temperature natural; pulse unsteady, and sometimes intermittent, but slightly accelerated and soft; tongue clean; expression of countenance sad, or dejected; feet and whole lower extremities moderately swollen, from œdematous infiltration. He complained of general weakness, impaired appetite; shortness of breath, on attempting exercise; dull pain in the epigastric and right hypochondriac regions, with pain and sense of pressure directly over the pubes; bowels inactive; and urine less than natural, and slightly albuminous. The epigastric and left hypochondriac regions were full; but neither by percussion or palpation could I detect any well-defined tumor, or visceral enlargement. Percussion showed a moderately-increased area of cardiac dullness, but all other parts of the chest resonant as natural.

Auscultation revealed no cardiac valvular murmurs, and no pericardial friction sound, but a certain unsteadiness of rhythm and feebleness of impulse, with occasional intermission. Pulmonary sounds natural. The examination of the patient left a strong impression that the heart and kidneys were the principal organs involved in disease; and yet a close analysis of the symptoms left the nature of the disease unexplained in both. The

urine was neither so scanty nor so highly albuminous as to correspond with the amount of œdema of the lower extremities, the fullness of the left half of the abdomen, and the occasional severe abdominal pains. The symptoms relating to the heart were still more unsatisfactory. The increased area of cardiac dullness, and unsteady rhythm of the heart, could not be from serous effusion into the pericardium, because the cardiac sounds and impulse were not distant from the surface, nor was the respiration hurried and oppressed when in the horizontal position. There was no increased impulse, sustained force of systolic contraction, or valvular murmurs, as in muscular hypertrophy; neither was there any loud ringing quality to the sounds, as in hypertrophy with dilatation of the cavities. Neither could the weak and irregular action of the heart be attributed either to fatty degeneration or to derangement of innervation, for these would not be accompanied by enlargement.

Hence, I was wholly unable to satisfy myself concerning the exact pathological condition of the heart. But believing there was some obscure organic change taking place in the kidneys, and, perhaps, mesenteric glands, I advised a mildly alterative and diuretic treatment, which resulted in an increase in the action of the kidneys, a disappearance of all traces of albumen from the urine, and a gradual removal of the œdema of the lower extremities. Still, he continued to complain of a deep-seated feeling of fullness and stiffness through the lumbar and left hypochondriac regions, with occasional sharp pains, and a sense of pressure just above and behind the symphisis pubis, and inability to endure more than very moderate exercise. The cardiac phenomena, also, remained unchanged.

He continued to call on me for advice occasionally through the summer, and was kept on light, plain food, mild tonics, especially such as were calculated to promote digestion and keep the bowels regular, occasional alteratives and diuretics, as the urine frequently became scanty, and moderate exercise in the open air. The general tone of his health improved gradually, until, for two months in the autumn, he felt confident that he would be able to resume his business in the spring.

Early in the winter, however, he came to me again, with the same obscure symptoms in the cardiac and abdominal regions, to which was added a subacute bronchitis, characterized by severe, harsh cough; soreness on both sides; shortness of breath; a scanty mucus expectoration; a copious mixture of moist and dry rhonchi; no increased dullness on percussion, and but little general fever. He was directed the following mixture, in doses of a teaspoonful four times a day, and a laxative pill to regulate the bowels:

℞.—Ammo. hydrochlo., ʒ iij.
Ant. et. pot. tart., grs. ij.
Morph. sulph., grs. iij.
Glycyrrhizæ syr., ℥ iv.—Mix.

His bronchial symptoms slowly disappeared; but they were renewed with considerable severity two or three times during the winter. The last of these attacks was about four weeks before his death, during which the breathing was much obstructed, and the expectoration and physical signs indicated slight pneumonic exudation.

Just as he recovered from this attack, a violent turn of vomiting and purging supervened, the discharges from the bowels being copious, thin, and frequent, and accompanied by severe abdominal pains. He was ordered the following mixture, in doses of a teaspoonful every hour, at first, and every two hours after the first three doses:

℞.—Acid carbolic cryst., grs. viij.
Glycerine, ℥ ss.
Tinct. opii et camph., ℥ iiss.
Aqua ℥ ij.—Mix.

At the end of twenty-four hours the vomiting had ceased; the intestinal discharges became less frequent, but mixed with mucus and blood.

Although a variety of remedies were faithfully used, yet they only served to lessen the frequency of the passages and the abdominal pains, but did not suppress the intestinal disease. The patient seemed to lose all appetite and power of assimilation, lost flesh rapidly, and died from exhaustion on the 18th of March, 1874. Twenty-four hours after death a *post-mortem* examination was made by Prof. J. S. Jewell, aided by Drs. F. H. Davis, and H. M. Bannister.

On opening the chest, the lungs and their appendages were apparently healthy; the pericardium was closely adherent to the surface of the heart, over most of its extent; but the whole organ was nearly double its natural size. The increase of bulk was owing, in part, to increase of muscular structure, and in part to enlargement of the ventricles. The pericardial adhesions appeared very old, and contained a thick layer of calcareous matter, making the heart appear as if almost completety encased in a layer of bone. The valves and endo-cardial surface of the heart appeared entirely natural. [The section presented is from the apex of the heart, and shows the thickness of the muscular structure at the apex of the left ventricle—the pericardium exteriorly—and the calcareous deposit between the latter and the proper surface of the heart]. On opening the abdomen, no important morbid changes were noticed, except in the left kidney and ureter. The kidney was enlarged to nearly four times its natural size; of lighter color, especially in spots; regular in outline and feel; with no marks of recent or acute inflammation. The pelvis and ureter, to within one or two inches of the bladder, were greatly distended, the ureter being, in some places, more than an inch in diameter. This enlargement was apparently occasioned by a calculus impacted in the lower end of the enlarged part of the ureter, which may still be seen in the specimen presented to you. On laying open the kidney, the distended pelvis and infundibula presented the usual multilocular cystic appearance, and were filled with a turbid sero-purulent fluid, with numerous concretions varying in size from a pin's head to a large pea, and irregular in shape. The lining membrane of the ureter and pelvis of the kidney was thickened, and presented the usual white color seen in chronic pyelitis. But the increased bulk of the kidney was not altogether due to distention of the pelvis and infundibula. Both the cortical texture and pyramidal bodies were greatly hypertrophied or enlarged, and changed in appearance. Large portions presented a light gray or yellowish color, and the appearance of having under-

gone caseous or tuberculous degeneration. [All these changes are well represented in the section of the kidney here presented, and the dilated portion of the ureter. Some of the calculous concretions still adhere to one or two of the pouches embraced in the section, and others may be felt or seen in the ureter]. The mucous membrane of the ilium and colon was not examined; neither were the contents of the cranium. The chief object in reporting this case, aside from the interest attached to an examination of the morbid specimens, is to illustrate the difficulty of making a satisfactory diagnosis concerning the pathological condition of the heart. In the course of a somewhat extended practice, I have met with but one case previously, presenting similar difficulty of making an exact diagnosis; and after death there was the same combination of old pericardial adhesion, calcareous encasement, and hypertrophy of muscular structure, with perfect condition of the valves and endocardium.

EAST TENNESSEE.—ITS CLIMATE, PREVAILING DISEASES, ETC.

BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

EDITORS OF EXAMINER: I often receive letters from medical men and others, inquiring in regard to East Tennessee, its climate, prevailing diseases, etc., and also whether I would advise invalids to come here.

In the first place, I can say that, after having spent seven winters in Knoxville, the climate from November to April is decidedly mild. *Once* during the time (winter of 1872–73) the mercury went below zero. In our coldest days it is rare to find it below 10° above. During the same winter twenty-two inches of snow fell. With that exception, it has seldom aggregated more than from six to ten inches during the season. Rain is frequent in winter, taking the place of snow at points further north. It is rare for the ground to freeze more than three or four inches. Dampness is perhaps the prevailing condition of the atmosphere, although we sometimes have fifteen days in a month without rain. It is never so cold as to require the face to be muffled; and frozen ears or cheeks are unheard of. Still, as cold is a relative term, there is sometimes much discomfort felt unless a person is warmly clothed. With a warm suit of underclothing, it is very easy to keep warm, even while riding in the coldest days. Perhaps one-half of the people never wear an overcoat. With proper care in the construction of houses, the people can be comfortable with an amount of fuel which, in the North, would only suffice in March or April weather. During the winter just passed, there has been but little cold weather. But four inches of snow have fallen; and our people must content themselves with ice less than two inches in thickness. There were but three or four da

n which even that could be secured.

In regard to this region being a place of winter-residence for invalids, I have no doubt of its advantages. The few who come from year to year are generally benefited, and speak with delight of the balmy air on our coldest days, in contrast with the piercing blasts of northern latitudes. This is also a desirable point for those who have spent the winter in Florida ; since they can stop here in the spring months, before going to their northern homes.

There is no question as to asthmatics being benefited by a residence in this climate. Persons afflicted with catarrhal affections generally feel relieved at once. Many have come here from not only the Northwest, but also from the Atlantic coast, at all points between Maryland and Maine, and found the change beneficial in catarrh, bronchial affections, and asthma.

There is one important item to be considered, which is, that all invalids whose cases demand a good deal of outdoor exercise, will be benefited here in winter, because it is seldom so cold as to keep a person in doors. Intense cold is utterly unknown, and probably always will be.

With an elevation of one thousand feet above the sea, in a region of high undulations, but not strictly mountainous, with no marshes, or wide river-bottoms, miasmatic diseases are seldom seen—never unless imported. Intermittents are no more seen in the hilly portions of East Tennessee than in New Hampshire or Vermont.

As I may have stated in some former communication, this region is well adapted to persons of middle or more advanced age, who have suffered from miasmatic diseases, and are left with various chronic ailments incident to them.

Phthisis pulmonalis is not prevalent here. It is seldom that we meet with a case of fatal lung disease which is not a direct result of acute pneumonia or pleurisy.

We find but little prevalent disease among children. Cholera infantum is but rarely seen. In white families, where an intelligent regard is paid to hygiene, the children grow up fat and stout. Scarlet fever, in a mild form, has occurred but once since 1867. The other diseases incident to childhood are commonly mild in type. In fine, it is seldom that any disease prevails epidemically. Chronic affections furnish a great proportion of the practice.

Uterine diseases, both functional and organic, are very common, especially among the class who either cannot, or will not, properly protect the feet from cold and dampness in winter and spring. There is, perhaps, in all, a want of firmness in the tissues, which render the people liable to some forms of disease, more than in the North.

In summer, the heat is continuous, but not on an average greater than in the Northern States. Sunstroke is almost unknown among these hills and mountains. I have heard of but one case in Knoxville which was called sunstroke, and that was doubtful in its character. There is probably no region east of the Rocky Mountains where the summer months can be spent with more comfort than among these hills. There are numerous watering-places all along the valleys, where people can stay for three or four months in summer with great benefit to the health. The mineral

springs are found gushing out from some mountain or hillside, in a shaded and elevated spot, and generally much higher than this city. Great numbers come every summer from the Gulf States and spend the time very pleasantly, besides escaping from an unhealthy locality. This is, then, a happy medium between North and South, and a safe retreat from the regions of cold winter, on the one hand, and extremely hot summer, on the other.

I desire further to allude to the advantages afforded here to those, who, having spent the winter months farther South, find it necessary to leave on account of the heat, but do not wish to return to their homes till June. From the middle of March to the first of June, the weather here is delightful, and no pleasanter spot could be selected as a half-way point. The scenery is beautiful at all seasons; but in spring it is particularly so.

The above remarks are made through the columns of THE MEDICAL EXAMINER as a medium of communication to physicians who are desirous of obtaining information for the benefit of their patients and friends.

March 9th, 1874.

STATISTICS OF SMALL-POX.

REMARKS ON A REPORT OF DR. L. J. KELLER, IN THE "ALLG. WIENER MED. ZEITUNG," BY H. GRADLE, M.D.

AS physician-in-chief of all Austrian government railroads, Dr. L. J. Keller has certainly enjoyed excellent opportunities of observing the result of disease ravaging in the large community entrusted to his care; and this is the second year that a report on this particular affection, variola, has been issued. But as the number of cases observed during 1872 was but limited (573), compared with the experience of 1873, and the relative figures obtained identical, we shall limit our attention to the epidemic of last year:

The Austrian railroads are dependent on about 37,000 employes, which, with their families, constitute an army of 55,000 to 60,000 persons, under the supervision of 80 physicians. Of this number, during the year 1873, the loathesome disease attacked 2,054 individuals, of whom 385 died—a mortality of 18.74 per cent. Classifying these cases, we find amongst them—

1337	persons never vaccinated, with 219 deaths, or a mortality of			16.38
596	persons once vaccinated, with	148	deaths,	24.83
46	" re-vaccinated, "	7	"	15.22
11	" previously attacked, "	2	"	18.18
64	" unknown, "	9	"	14.06

The prominent feature of this table is the large number of cases previously vaccinated; but, unfortunately, we are not told what per centage of the entire population have undergone this operation, though certainly the greater. At any rate, immunity against a subsequent attack seems less perfect than ordinarily supposed [unless vaccination had been carelessly performed?—*Translator*]. But how

about the greater fatality—24.83 per cent., versus 16.38 per cent.—of the non-vaccinated individuals? A critical analysis reveals this apparent fact as unreal, at the same time pointing to the necessity of accurate record of all circumstances connected with the case, especially age, to render statistics valid. Not desiring to republish all tables of Dr. Keller, we call attention but to the following:

	VACCINATED.			NON-VACCINATED.		
Age.	Attacked.	Died.	Mortality.	Attacked.	Died.	Mortality.
1 yr.	43	26	60.46	168	76	45.23
1–2	37	20	54 05	63	24	38.09
2–3	31	11	35.48	35	6	17.17
3–4	51	12	23.53	55	11	20.00
4–5	48	12	25.00	54	8	14.81
5–10	207	42	20.29	85	6	7.06
10–15	164	10	6.09	35	5	14.28
15–20	238	15	6.05	32	2	6.25
20–30	277	23	8.66	39	4	10.25
30–40	157	24	15.25	21	3	14.28
40–50	55	11	20.00	4	1	25.00
50–60	23	9	39.01	3	1	33.33
60–70	6	4	66.66	2	1	50.00
	1337	219	16.38	596	148	24.83

The immense influence of age is manifest in the figures. According to them, 10 to 20 years is the most favorable period, as regards the prognosis, while towards either extreme a rapidly increasing ratio of death is the rule; and especially fatal is the affection in the first two years of life. The mortality at different periods, of the class not vaccinated, is, if anything, smaller than in the other category; but whence the difference in the summary? On taking the average fatality of all cases above two years of age, 13.76 per cent. presents the mean number for vaccinated persons, and 13.15 per cent. for those not enjoying that advantage (?); so that above this period Dr. Keller believes he has proven the inability of vaccination to avert an unfavorable result; but, looking at the table, the difference in the number of deaths below this age is *also* found in favor of the non-vaccinated, *while the much greater number* —231 *unprotected, to* 80 *vaccinated children—of a class of individuals with feeble powers of resistance, will, of course, raise the mortality of a given number of cases in which they are included.* This is much more evident on stating the proportion of such young subjects in either class, viz.: 80 in 1337, or 5.98 per cent. of the vaccinated individuals—231 in 596, or 37.08 per cent. of the other—were below two years of age, and *this for the reason that comparatively few children* are vaccinated *below that period.*

Accepting these statements as faithful and accurate, Dr. Keller's conclusions seem justifiable, viz.: that vaccination gives neither immunity, *en masse*, against the disease for which it is employed, nor does it render smallpox less dangerous—the apparent mildness of the affection, in the "protected" persons, being caused by inevitable circumstances, dependent on the law of nature, that the constitution, at the tender age of one and two years, possesses less resistance to disease than at a more advanced period. Finally, he considers vaccination useless. Re-vaccination, likewise, showing a mortality of 15.22 per cent., shares no better fate in the author's opinion, since the absence of any children under four years of age amongst the number precludes the admission of a normally high rate of fatality.

In conclusion, the immunity afforded by a previous attack of variola, seems a doubtful one to the Austrian physician, as three cases, between five and ten years, proved it to be of but short duration, though the somewhat

high mortality of 18.18 per cent. may be accounted for by the other extreme in the time-table, which many of the cases had attained. But the high age of these individuals, as well as the very scarcity of the cases, when in the community so large a number of persons previously attacked, or repeatedly vaccinated, exist, induces us to attribute to such immunity more efficacy than Dr. Keller is willing to grant.

Translations.

TREATMENT OF PNEUMONITIS.

By Dr. A. Hermann, of Pesth.

Translated for The Examiner, *from the Allgemeine Wiener Med. Zeitung, by* H. Gradle, M.D.

(Continued from Number VI.)

Having referred to the vast influence of age and the seat of the lesion on the result, some other points incident to the prognosis may be mentioned. A full, strong pulse is always a welcome sign; and, though the temperature reach 104° F., little anxiety need be experienced while the circulation continues vigorously; in fact, animal heat seems of little importance, in a prognostic view, since severe, even fatal cases, will often not advance beyond 102° F., while mild attacks may be accompanied by a high temperature, which is of no evil foreboding as long as the pulse does not become *small and frequent.* Constitution, temperament, "diathesis," appear of secondary importance; even previous diseases are not so detrimental as might be supposed; thus, of nine cases of pneumonitis supervening on phthisis, but one succumbed.

Approaching the more especial subject of these remarks, the treatment of the disease, Dr. Hermann at once declares that no remedy is known to abort pneumonitis; hence, but symptomatic indications can be filled. Experience has shown that subjective improvement in the patient's condition is synchronous with the abatement of fever, if the diminution of temperature and reduction in the frequency of the pulse constituted simultaneous events; hence, many have been the attempts, always unsuccessful, to anticipate nature in this respect, as advocates of which theory we need but mention Traube and Juergensen.

In his work on "Symptoms of Diseases of the Respiratory and Circulatory Systems," Traube says: "Thermometric observations of mine have shown several remedial measures possessing febrifuge properties. Digitalis has been mentioned. I need

also refer to venesection, methodic refrigeration, and calomel. Their *modus operandi*, unknown to us, is of less import than the knowledge of their power. Furthermore, I have found that their influence on the temperature and the pulse *becomes more marked, according to their late application; at the height of the disease but little effect, if any, will sometimes follow their energetic use.*"

To the intelligent reader, these phrases simply confess the therapeutic inability of these methods to cut short inflammation of the lungs; and such an interpretation is but confirmed by the following sentences from another page: "Such experience induced me to consider the application of febrifuge remedies proper only after the acme of the affection had been passed; and since spontaneous defervescence occurs on a critical day, it seemed rational to employ these agents at the beginning of such critical days."

According to this mode of reasoning, *the happy period* for the *successful* physician to be called to the bedside, would be from the fifth to the seventh day, when either his remedies would effect a cure in twenty-four hours, where his competitor labored in vain well nigh a week, or death be inevitable after a week of previous "quackery."

As regards venesection, we can cite Traube for the following: "In twenty cases, depletion of six to eight ounces was resorted to, on the evening of the fourth or morning of the fifth day; and in every instance but one the crisis commenced on the fifth day, and was completed before the seventh."

The author affirms never to have practiced depletion; and still, of forty patients, of whom accurate thermometric record had been kept, no less than twenty-five had passed defervescence (Traube's crisis) before the close of the seventh day. Since, with but one exception, these patients were below fifty years of age, he inquires whether Traube's single case, in which venesection was a failure, had passed that period? The advice of the writer cited, though probably but little followed, is still to be deplored, since a man of his authority in other respects is not unlikely to thus mislead the inexperienced practitioner. If any advantage has been derived from it, it was to prove that, in pneumonitis, the loss of six to eight ounces of blood is not of great detriment.

Juergensen, in his previously quoted pamphlet, takes decided ground for the hydropathic treatment of the affection, on the theory that the cause of death in pneumonitis is found in cardiac insufficiency. Considering, as first effects of the inflammation, interference with the function of the lungs, and, secondarily, febrile excitement, Dr. Hermann cannot but agree with him; similarly, that neither condition will ordinarily account for a fatal termination individually, but only both united. Each morbid state, he continues, however, attacks life from its own point of application; but, together they may possess one in common, viz.: the heart. In argument, he urges that, while from the exudation in the lungs the resistance to the current of blood in the pulmonary circulation is increased, calling for augmentation of cardiac energy, less oxygen is absorbed to sustain the chemical processes necessary for further action of the heart; that, also, the retention of effete material more rapidly formed—the consequence of the fever—cannot but be detrimental to that organ; as

the result of which injurious influences he finds it necessary to assume an early paralysis of the circulatory center. Death from annihilation of pulmonary function alone he opposes, on the ground that chronic pneumonitis, with obliteration of alveolar surface, or chronic pleuritic effusion, with complete compression of one lung, is not inconsistent with life for years. But here Dr. Hermann remarks that a rapid obstruction to respiration, such as sudden pneumo-thorax, is frequently fatal, when the same accident, gradually occurring, would permit the system to escape death by accommodation, or performance of the necessary processes through vicarious channels, which he clinically illustrates by the fatal termination of many cases of pneumonitis, resulting in sudden and extended infiltration of pulmonary cells, without high pyrexia.

Admitting that life closes with cardiac inactivity—for did the heart still beat, life would not be extinct—he denies this to be the direct cause of death; since, such a mere mechanical disturbance of the circulation, were it the moment on which cessation of life depends, would surely be productive of greater fatality than, happily, pneumonitis is attended with.

The point of attack from which the citadel of life is overcome, Dr. Hermann believes to be located in the medulla oblongata; and he sustains his theory by the following plausible arguments. Admitting that Juergensen's modes of paralysis of the heart exist, and possess such tendency, he doubts their power to accomplish, directly, ultimate annihilation of cardiac activity, since death is preceded by a hippocratic appearance, not by cyanosis, the sign of insufficiency of the heart; furthermore, life is not cut short by syncope, but by the gradual diminution of the (previously high) frequency of respiration, and the final cessation of breathing, indicative of paralysis of the vagus, and similar to the result of its section. Paralysis of motion is also observed in parts supplied by the other nerves originating in the medulla; the pharyngeal muscles, etc., for instance. At the same time, anæsthesia is evident in the sentient nerve-filaments leading to that center, hence no desire is experienced to relieve, by expectoration, the bronchial tubes of the accumulated mucous, till the quantity of fluid collected there may simulate the physical signs of pulmonary œdema. And though consciousness be not lost, relaxation of sphincters is of no rare occurrence. It has been said that, were inability of an encumbered heart to accomplish its augmented work, the starting-point of death, this unfortunate termination would be much more frequent than at present; for its conditions, especially their mechanical part, vary but little in different cases; but the little variation that does exist in the amount of oxygen absorbed, the quantity of effete material formed by the febrile tissue metamorphosis, and the proportion of such debris excreted by the various channels, is surely of much more influence on the delicate nerve-center, than on the comparatively energetic heart; besides, individual sensitiveness and powers of resistance are not the same in all persons; whence it is readily understood why death should select only special victims. And if we assume the last factor to be governed by the age, as statistics would warrant, the discrepancy in mortality at different periods of life finds a satisfactory explanation.

Refusing to accept Juergensen's

theory, his treatment accordingly we need only discuss from an empirical standpoint, since its *modus operandi*, as stated by him, would only apply to his notions of the pathology of the disease. From his view of the cause of death, he recognizes two indications; 1. Prophylaxis of cardiac insufficiency; 2. Combating the paralysis that has begun. But, as he admits his inability to limit the pulmonary lesion, his advice is to attack the pyrexia, which he attemps by cold baths. Candidly, however, he confesses that theoretical objections to such procedures exist; for the spasm of peripheral arterioles, induced by the cold, adds to the resistance in the blood-channels, and increases the work the heart has to perform; whence collapse might be feared, though never yet experienced by his patients. To combat such result, he strongly advises the administration of stimulants before the bath, in amount proportionate to its low temperature and duration, laying especial stress on the utility of madeira or port-wine, in doses of one and a half f. ounces. "Besides, as a febrifuge, as well as a supporting stimulant, he recommends quinia, in the dose of one-half drachm every second day."

(*To be Continued.*)

Editorial Department.

THE SOCIAL EVIL.

OF late, a great amount of discussion has been indulged in, both on the platform and in the press, concerning the regulation of the so-called "Social Evil." Many members of the profession, both in this country and in Europe, advocate the placing of prostitutes under legal license and inspection, with the view of limiting the prevalence of syphilitic diseases.

The end sought is certainly a desirable one, but the means hitherto employed have seemed to us wholly inadequate, if not worse than useless. It is easy to see that the first enforcement of a system of registry, inspection, and license, would include a long list of prostitutes, and many cases of disease; and that each subsequent year, for three or four years, at least, the number of both would diminish, *apparently*, not by actually lessening the number engaged in prostitution, but by increasing the number who avoid the registry by a more private mode of carrying on the business.

We have never been able to see why the medical inspection of a prostitute, once a week, should materially diminish the prevalence of syphilis, so long as she is liable to embrace disease the very next hour after her inspection, and have all the week to spread it in. If it were possible to rigidly enforce a law, that *both sexes* should be examined, and receive a certificate of health before they embrace each other, some real benefit might be obtained, so far as the spread of disease is concerned. But we be-

lieve that all legislation, founded on the idea of "regulating," instead of suppressing, an acknowledged crime, is radically wrong, and actually injurious to the community. To say that a crime always has existed, and always will exist, and therefore it is better to legally recognize it, and attempt to so regulate it as to diminish some of its consequences, is simply to adopt a process of reasoning that would lead us to excuse, and attempt to *regulate*, every crime known to man. The crime of murder has been repeated ever since Cain slew his brother, and will, probably, continue to be repeated until the dawn of the millenium. Shall we, therefore, repeal the laws for suppressing the evil, and substitute "regulation;" and have the murderer's tools inspected, and give him a certificate that they are in good order, and free from poison? We have been led to the expression of these thoughts by the following item of statistics, handed to us by a medical friend:

"The Board of Health, in St. Louis, claims to have reduced venereal disease nearly 50 per cent. by the system of licensing and regulating houses of prostitution. To prove this, they have gotten up some statistics from the hospitals *under their control.* The power to control a hospital, and regulate the records, and the admission of patients, renders it possible to have any kind of figures desired. But there is a Marine Hospital there, not under their control, and from it I have gathered the following figures, and append those of the Chicago Marine Hospital, for comparison:

PERCENTAGE OF VENEREAL CASES AMONG THE PATIENTS ADMITTED TO MARINE HOSPITAL:

	St. Louis.	Chicago.
During eight months of the year, preceding the license act	27 per ct.,	17 per ct.
Corresponding eight months of the year, after the license	34 " "	12 " "
Year 1872	23 " "	15 " "
Year 1873	27 " "	14 " "

MEDICAL COLLEGES.—"The past season has been a very successful one with our medical schools, the Jefferson graduating 151 men, and the University 121. Considering the great disadvantages the latter institution labored under, in being, as it were, houseless, and dwelling in the tents of a strange people, we think both the faculties are to be congratulated on their success. We do not doubt that the standard of graduation of these schools is as high as that of any similar institution in the country, always excepting noble Harvard; and the opportunities they offer for clinical study are almost unrivalled.

"If any student has the nerve and muscle to contend with New England climate, customs, and examination, and desires to get the most valuable diploma in the country, Harvard should be the school of his choice, and Boston his wintering city. To those of not such robust faith, purpose, and ability, we can heartily commend Philadelphia and its colleges." —*Philadelphia Medical Times.*

We copy the above paragraph for the purpose of both endorsing the compliment paid to Harvard, and of claiming equal title to the same for the Chicago Medical College, the medical department of the North-Western University of this city.

After a careful examination of the system adopted by the medical department of Harvard, during the last three years, we fail to discover anything, either in the fullness of its curriculum, its arrangement into three consecutive annual courses, the length of the college term, the frequency and thoroughness of the examinations, or in the requirements for the degree, that is different in principle, or more perfect in detail, than in the Chicago College.

The principal differences are, that the latter school has been successfully carrying out the system for fifteen

years, instead of three; and the gradation of classes is enforced on all its students, while Harvard leaves it optional with hers.

PLAGIARISMS.—From the criticisms of a correspondent, in the present number of THE EXAMINER, on the address of Dr. McArthur, and those which have appeared in the papers and journals concerning one by Dr. Palmer, of Michigan, we are inclined to think it would be a good, prudential move for our State medical societies to keep a sharp standing committee on plagiarisms, to which all addresses should be referred before publication.

Correspondence.

MR. HENRY THOMAS BUCKLE IN A NEW ROLE.

MESSRS. EDITORS.—The author of "The History of Civilization in England," died after the completion of two volumes, which hardly sufficed for his introduction. He died in early manhood—a marvel of mental vigor in the esteem of his friends, and an object of envy in the eyes of his adversaries. In the language of the poet, "His mourners were two hosts—his friends and foes."

But the English speaking race, the history of whose civilization Mr. Buckle undertook to write, will hardly fail to view his character in a very different light, if due weight be given to the facts which we propose to set forth. We believe that they are incontrovertible and conclusive. Briefly, we accuse Mr. Buckle of plagiarism, and our proofs are subjoined.

In the "Transactions of the Twenty-second Anniversary Meeting of the Illinois State Medical Society, held at Rock Island, May 21st and 22d, 1872," a paper appears which bears the title, "On Organic Reform, or the Influence of Physical Organization on the Mind and Character of Man; an Address before the People and Illinois State Medical Society, at Rock Island, for the Annual Session of 1872."

As this paper is the source from which we charge that Mr. Buckle drew some of those terse and vigorous sentences, instinct with thought and fertile in suggestion, upon which his readers have lingered with increasing delight, we have merely to set side by side the original and the copy, in order to establish our proof and fix the consequent guilt upon him to whom it belongs:

ORIGINAL PARAGRAPHS FROM THE TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY:

"Descartes, the prince of metaphysicians in his time, so far from thinking that the knowledge of external nature was essential to the discovery of truth, has laid it down as a fundamental principle, that we must separate ourselves from the delusions of nature, and even reject the evidence of our senses."—p. 182.

PLAGIARIZED PARAGRAPHS FROM BUCKLE'S HISTORY OF CIVILIZATION IN ENGLAND.

"Descartes .... so far from thinking that a knowledge of the external world is essential to the discovery of truth, he laid it down as a fundamental principle.... that the first step is to separate ourselves from the delusions of nature, and reject the evidence presented to our senses."—Vol. 2, pp. 88–87.

"Early in the present century Bichat maintained that the study of the organs should be subservient to the study of the tissues composing them. ----Cuvier gained a mastery over Linnæus.---- Agassiz, in the course of his ichthyological researches, was led to perceive that the arrangement of Cuvier, according to organs, did not fulfill its purpose in regard to fossil fishes, because, in the lapse of ages the characteristics of their structure were destroyed He therefore adopted the only remaining plan, and studied the tissues, which, being less complicated than the organs, are oftener found intact. The result was the very remarkable discovery that the tegumentary membrane of fishes is so intimately connected with their organization, that if the whole of a fish has perished, except this membrane, it is practicable, by noticing its characteristics, to reconstruct the animal in its most essential parts. Of the value of this law of relation, in this connection, some idea may be formed from the fact that upon it Agassiz has based the whole of that celebrated classification of which he is the sole author, and by which fossil ichthyology has, for the first time, assumed a precise and definite shape.

"Another discovery of still greater importance, based upon Bichat's classification, is the well-known fact that the teeth of an animal have a necessary connection with the whole organization of its frame; so that, within certain limits, we can predicate the organization by examining the tooth."—pp. 184-5.

"In 1801 Bichat published his great work on anatomy, in which the study of the organs is made altogether subservient to the study of the tissues composing them." —Vol. 2, p. 380. "Cuvier overthrew the system of Linnæus."—p. 376.

"Agassiz, who, in the course of his ichthyological researches was led to perceive that the arrangement by Cuvier according to organs, did not fulfill its purpose in regard to fossil fishes, because, in the lapse of ages, the characteristics of their structure were destroyed. He, therefore, adopted the only other remaining plan, and studied the tissues, which, being less complex than the organs, are oftener found intact. The result was the very remarkable discovery that the tegumentary membrane of fishes is so intimately connected with their organization, that if the whole of a fish has perished, except this membrane, it is practicable, by noting its characteristics, to reconstruct the animal in its most essential parts. Of the value of this principle of harmony, some idea may be formed from the circumstance that on it Agassiz has based the whole of that celebrated classification of which he is the sole author, and by which fossil ichthyology has, for the first time, assumed a precise and definite shape.

"The other discovery, of which the application is much more extensive, was made in exactly the same way. It consists of the striking fact that the teeth of each animal have a necessary connection with the entire organization of its frame; so that, within certain limits, we can predict the organization by examining the tooth."—Vol. 2, pp. 383-4.

Buckle, growing bolder after pilfering these passages with impunity, proceeds to commit an act of piracy which is admirable for its audaciousness:

ORIGINAL "TRANSACTIONS."

"There has been collected a class of facts, extending over many centuries, and including many years of observations, and presented in the clearest of all forms, to wit.: in arithmetical tables, bearing directly upon this question; and what adds to their value is the fact that they, for the most part, have been gathered and arranged by government officials having no theories to establish or disclaim. Now, the actions of men may be divided into two classes, the virtuous and vicious; these classes correlate, and when taken together constitute the sum total of human actions; and whatever increases one class of actions, correspondingly diminishes the other, so that if we prove uniformity in one, we equally prove regularity in the other."—p. 186.

BUCKLE'S GARBLED VERSION.

"They are based on collections of almost innumerable facts, extending over many centuries, thrown into the clearest of all forms, the form of arithmetical tables; and, finally, they have been put together by men who, being for the most part mere government officials, had no particular theory to maintain.----"—Vol. 1, p. 21.

"The main object of government, especially of legislation, has been to protect the innocent and punish the guilty. It was, therefore, natural that European governments should study and trace the laws under which crime occurs. This investigation has now been pursued so long and so carefully, that the amount of statistics, and the commentaries accompanying them, constitute a large body of literature, well-arranged and digested." —p. 186.

"The actions of men are, by an easy and obvious division, separated into two classes, the virtuous and the vicious; and, as these classes are correlative, and when put together compose the total of our moral conduct, it follows that whatever increases the one will, in a relative point of view, diminish the other; so that, if we can in any period detect a uniformity and a method in the vices of a people, there must be a corresponding regularity in their virtues."—Vol. 1, p. 22.

"For, the main object of legislation being to protect the innocent against the guilty, it naturally followed that European governments, so soon as they became aware of the importance of statistics, should begin to collect evidence respecting the crimes they were expected to punish. This evidence has gone on accumulating, until it now forms of itself a large body of literature, containing, with the commentaries connected with it, an immense array of facts, so carefully compiled, and so well and clearly digested. .."—Vol. 1, p. 23..." Of all offences, it might well be supposed that the crime of murder is one of the most arbitrary and irregular. For, when we consider that this, though generally the crowning act of a long career of vice, is often the immediate result of what seems a sudden impulse;"------

"Of all the offences committed by man, we naturally infer that murder would be the most irregular and arbitrary. It is generally the crowning act of a long career of vice, and frequently happens under circumstances and impulses of the mind, which throw little, if any, light upon its cause; and hence, if the act be investigated purely as an isolated fact, it puzzles the best of minds. Some of the most heinous of these crimes are committed apparently without cause or purpose, and still the previous character of the individual does not warrant the conclusion of insanity. And when the crime is premeditated, it requires a rare combination of favorable circumstances, for which the criminal will wait and watch his opportunity, and when the favorable moment arrives—he will hesitate; there appears to be a conflict in his bosom. On the one hand, is fear of detection, of the law, and the dread penalties of religion; and perhaps he is diverted in his deed of darkness by the still small voice coming up deep from his soul, the voice of conscience. On the other hand, there is the suppressed

"that when premeditated, its committal, even with the least chance of impunity, requires a rare combination of favorable circumstances, for which the criminal will frequently wait; that he has thus to bide his time, and look for opportunities he cannot control; that, when the time has come, his heart may fail him; that the question, whether or not he shall commit the crime, may depend on a balance of conflicting motives, such as fear of the law, a dread of the penalties held out by religion, the prickings of his

posed wrong, the revenge, jealousy, personal gain, a desperation. When we put together all these thoughts, emotions, and volitions within, and the circumstances and conditions without, there arises such a combination of influences and causes that we might reasonably despair of detecting any order or method in the result of these subtle and shifting agencies, by which murder is either caused or prevented.

"But what are the facts? It now appears that murder occurs nearly as regularly, and bears as constant a relation to known causes, as the movements of the tides, or the rotations of the seasons. M. Quetelett, who spent his life in collecting and methodizing criminal statistics of various countries, states, as the result of his laborious researches: 'In everything which concerns crime, the same numbers re-occur with a certainty which cannot be misunderstood; and that this is the case of crimes which seem quite independent of human foresight, such as murders which are committed after quarrels arising from circumstances apparently casual. Nevertheless, we know from experience that every year nearly the same number of murders occur, and that the instruments by which they are committed, are employed in the same proportion.' This was the language of confessedly the first statistician in Europe; and subsequent observations have abundantly confirmed his conclusions. And even the facts seem to warrant the belief that the uniformity of crime is more clearly marked, and more capable of prediction, more closely connected with physical causes, than disease, and destruction of our bodies."—pp. 186–7.

"Another fact, still more striking, if possible, is that the number of suicides may be calculated with almost the certainty of an eclipse. Attempts to rob or murder are, or may be, baffled by second or third parties, but suicides are the isolated acts of individuals; they are more completely the product of individual volition."—pp. 187–8.

"Nor is it the crimes of men, merely, that are marked by this uniformity own conscience, the apprehension of future remorse, the love of gain, jealousy, revenge, desperation. When we put all these things together, there arises such a complication of causes, that we might reasonably despair of detecting any order or method in the result of these subtle and shifting agencies, by which murder is either caused or prevented. But now how stands the fact? The fact is, that murder is committed with as much regularity, and bears as uniform a relation to certain known circumstances, as do the movements of the tides, and the rotations of the seasons. M. Quetelet, who has spent his life in collecting and methodizing the statistics of different countries, states, as the result of his laborious researches, that 'In everything which concerns crime, the numbers re-occur with a constancy which cannot be mistaken; and that this is the case, even with those crimes which seem quite independent of human foresight, for instance, such as murders, which are generally committed after quarrels arising from circumstances apparently casual. Nevertheless, we know from experience that every year there not only take place nearly the same number of murders, but that even the instruments by which they are committed, are employed in the same proportion.' This was the language used in 1835, by confessedly the first statistician in Europe: and every subsequent investigation has confirmed its accuracy. For later inquiries have ascertained the extraordinary fact that the reproduction of crime is more clearly marked, and more capable of being predicted, than are the physical laws connected with the disease and destruction of our bodies."—Vol. I, pp. 24–25.

"But another circumstance remains behind, still more striking. Among public and registered crimes, there is none which seems so completely dependent on the individual as suicide. Attempts to murder, or to rob, may be, and constantly are, successfully resisted. But an attempt to commit suicide, . . . becomes, as it were, isolated, . . . more clearly the product of his own volition, etc."—Vol. I, p. 26.

"Nor is it merely the crimes of men which are marked by this uniformity of sequence. The number of marriages annually contracted in England is determined more by the price of corn, and the rate of wages, than those emotional feelings of love and attachment."

"Another curious example of the law of sequence, is the aberration of memory. The postoffices of London and Paris, for many years past, have published lists of letters, the writers of which omitted to direct them; and the proportion they bear to the whole amount in each city is nearly identical from year to year; and the variation is accounted for by social and political disturbances."—p. 188.

ity of sequence. Even the number of marriages annually contracted is determined, not by the temper and wishes of individuals, . . . marriage bears a fixed and definite relation to the price of corn; and in England, instead of having any connection with personal feeling, they are simply regulated by the average earnings of the great mass of the people."

"Thus, to give a curious instance, we are now able to prove that even aberrations of memory are marked by this general character of necessary and invariable order. The postoffices of London and Paris have lately published returns of the number of letters which the writers, through forgetfulness, omitted to direct; and, making allowance for the difference of circumstances, the returns are, year after year, copies of each other."—Vol. I, p. 32.

It may possibly be objected, to the charges sustained above, that Mr. Buckle wrote his history, and died, before the Transactions of the State Society were recorded. But so feeble an objection scarcely deserves refutation in the day when "The Mystery of Edwin Drood" is completed by its author after his death. Surely, it cannot be more difficult for a living writer to profit by the literary labors of his posterity through the medium of the spirit-world, than for a dead author to conclude, in the same manner, his volume unfinished while he was yet alive. Buckle confesses to this prophetic vision: "Once," says he, "when I first caught sight of the *whole* field of knowledge, and seemed, however dimly, to discern its various parts, and the relations they bore to each other, I was so entranced with its surpassing beauty that the judgment was beguiled, and I deemed myself able, not only to cover the surface, but also to master the details."

Who can hesitate to believe that the English author, in these words,

expressly refers to the occasion upon which his judgment was beguiled into reproducing entire pages of the Transactions of an American State Medical Society, "entranced by the surpassing beauty of its details"? This latter circumstance, it is, which induces us to believe that other authors have poached upon the same preserves, and that several metaphysicians and physicists have followed Buckle's example.

In view of the approaching Convention of the State Medical Society, we desire to urge upon their attention the propriety of taking a precaution, observed in so many French publications, that of imprinting legibly upon each copy of all future Transactions,

"*All Rights Reserved.*"

CURETTE.

THE MICROSCOPICAL APPEARANCE OF THE HEART AND KIDNEY IN THE CASE REPORTED BY PROF. N. S. DAVIS, IN THE PRESENT NUMBER OF "THE EXAMINER."

THE piece of heart which I received from Dr. Davis presented, on the outside, simple atheromatous and calcareous degeneration. The muscular fibres appeared healthy. The kidney presented a mottled appearance, part being of a cream-color, other portions being of a natural color, except much paler. I took two small pieces of this kidney and placed them in a weak solution of chromic acid, to harden. After a day or two, I cut some thin sections, both in a longitudinal and a transverse direction, and stained them in an alkaline solution of carmine. On examining the sections with the microscope, the whole field appeared confused, and it was only after repeated and prolonged examination that I was enabled to make out anything at all satisfactory. This was particularly the case over the grayer portions. The cause of this indistinctness was the infiltration of the organ with a granular substance. In some places this granular substance was replaced by round bodies resembling, in size and appearance, pus corpuscles; in other places there were collections of round bodies from one-third to one-half the diameter of the former; neither of these collections had well-defined boundaries. The edges of some of the sections, which were extremely thin, showed, where the granular material had been washed out, that the connective tissue of the kidney was somewhat thickened, and contained many more muscular points than in health. The Malpighian tufts were, in many places, contracted down into little compact knots, of cicatricial-like tissue. The uriniferous tubules were filled with a granular material; the cells lining them had lost their distinctive characteristics, and were cloudy and opaque. Most of the straight tubules were wasted to mere irregular, nodulated cords.

These appearances do not correspond altogether with any specimen

that I have met before, or with any description that I have seen published. I should dislike, at present, to give a decided opinion as to their nature; they correspond, however, more closely with what Rindfleisch calls *cellular hypertrophy of the connective tissue*, than anything else with which I am acquainted.

LESTER CURTIS, M.D.

Gleanings from Our Exchanges.

PRACTICAL NOTES ON CUTANEOUS SUBJECTS.

By Tilbury Fox, M.D., F.R.C.P.

From the London Lancet, Mar., 1874.

The Diagnostic Sign of Phthiriasis.—Considering the great practical value of the pathognomonic lesion of phthiriasis (or the disease due to lice), which I described some two or three years since, I have been more than surprised that those who profess to study dermatology in England should have not thought it worth while to have made themselves acquainted with it. I have had the pleasure, from time to time, of demonstrating this lesion to a number of foreign dermatologists who have visited my clinic at University College Hospital, and they have fully admitted the significance of the sign in question. There are many cases in which it is impossible to detect pediculi, where they are really present; and in these cases the lesion to which I refer will be detected very easily, and is the sure evidence of the attack of pediculi upon the skin.

It is easy to mistake the characteristic lesion; and in such cases the observer will, of course, affirm that the lesion I describe is not reliable. The lesion which I say is characteristic, is not a bite or a scratch; it is the opening of a follicle dilated by the proboscis of the pediculus, and showing in its center a speck of at first bright-red blood, which soon acquires a darker hue.

This hæmorrhagic speck, or "lesion," is not raised to the feel or the eye. It looks like a circular, cup-shaped depression, about the size of the blunt point of an ordinary pin, with a well-marked circumferential edge (a dilated follicle), and a black dot in the center. It may be confounded with scratched hyperæmic follicles, or papillæ, or minute excoriations. The former are raised, and on being examined with the magnifying glass, are seen not to be round, but to have ragged edges, and to present a bleeding surface; the excoriations are irregular in shape, and want the look of the dilated follicle-mouth, with the speck of blood in the center.

The fact is, the pediculus has no mouth; it does not bite. It has a proboscis which it pushes into a follicle to reach a capillary vessel. In the act of sucking blood away, the mouth of the follicle is dilated, and when the proboscis is withdrawn, the blood wells up to fill the dilated orifice.

I consider it altogether unnecessary to search for pediculi amongst the clothes of the patient.

There are many cases of phthiriasis in the young, where pediculi are with great difficulty detected, from whatever cause this may be, and in which the recognition of the lesion I now refer to sets all doubt at rest, and, by leading to a correct diagnosis, secures a speedy cure to the patient.

THE TREATMENT OF NON-PARASITIC SYCOSIS.—No disease, I take it, is more unsatisfactory to treat than the common inflammation of the hair-follicles of the beard and whiskers, to which the term sycosis non-parisitica is applied. On the continent, especially in Germany, the practitioner is advised to adopt epilation, and to apply some simple astringent ointment; and there is a great disposition now-a-days to regard epilation as *the* remedy for the disease under notice. The reason for epilating is variously stated. Some affirm that the inflammation in sycosis is caused by a premature development of a new hair in the follicle, and that it is necessary in its cure to rid the follicle of the old hair. Others think that suppuration extends to the root of the hair, and that epilation relieves the tension of the parts and permits the exit of the pus. The first explanation will not bear examination. The second is true, in part. In non-parasitic sycosis inflammation travels downwards, and may reach the bottom of the follicle, the root of the hair being bathed in pus, whilst the hair is loosened from its surrounding connections, and lies, as it were, a dead piece of tissue in the follicle. In such cases, epilation does but get rid of the loosened hair; and its extraction allows the escape of pus that would otherwise be pent up. But in many cases the inflammation does not proceed to the extent of causing suppuration in the deep part of the follicle; the hairs are not loosened in the follicles; and their extraction gives great pain, and can do no good. Epilation is, therefore, a fit procedure only at a certain stage of sycosis—if the skin is much inflamed, the follicles freely suppurating, and the hairs are thereby loosening or loosened in them.

The treatment which I have found most successful may be summed up as follows: In the early stage, when the follicles are very hyperæmic, saline aperients, in persons of full habit; or aperient tonics, such as sulphate of magnesia with sulphate of iron, in those who are debilitated; together with hot fomentations, and simple, soothing applications which exclude the air, locally. When there is free suppuration, the same internal remedies, together with the removal, by epilation, of the loosened hairs from freely-suppurating follicles, and the application of mild astringents, such as zinc lotions and ointment; and, lastly, in the sub-acute or chronic stage, where there is only a suppurating follicle here and there, but mostly a number of indurated tubercles—i.e., follicles thickened by hyperplasic growth of the connective tissue—a course of Donovan's solution, together with, locally, hot fomentation, and the application of a weak nitrate-of-mercury ointment (a drachm and a half to an ounce) night and morning. Of course, for persons of scrofulous constitutions, cod-liver oil and iron are to be given, in combination with alterative remedies. I fully admit that the exhibition of Donovan's solution is, in great part, an empirical proceeding; but I prefer it to any other remedy, and have reason to speak with confidence as to its efficacy in sycosis, when employed in the way, and at the particular stage, above indicated. Lastly, I may add that it is an easy matter to do harm in sycosis, by the injudicious use of local stimulants, which intensify the hyperæmia and the hyperplasic thickening; and I believe this to be the radical fault in the treatment of sycosis.

MORE than a hundred people are drinking warm blood at the Brighton, Mass., abattoir, for various diseases, and there is talk of building a hotel to accommodate the patients.

INTERCOSTAL NEURALGIA IN WOMEN.

By J. Milner Fothergill, M.D., M.R.C.P.

From Obstet. Jour. of Great Britain and Ireland.

THERE is no more marked form of disease than this particular form of neuralgia. It is commonly met with among the out-patients of every medical charity, and even in private practice. Indeed, it is the commonest affection met with among women of that class where neuralgia, unconnected with diathesis, might fairly be expected, viz.: among those where nutrition is defective, an essential in the production of neuralgia. It belongs to the reproductive period of woman's existence, and is but comparatively rarely seen after that time, and never, in my experience, before it. It is a troublesome and intractable malady unless approached vigorously and with relation to those disturbances of the reproductive organs with which it is so intimately associated. In almost every instance, leucorrhœa is present; usually either with amenorrhœa or menorrhagia; and in those cases which are not accompanied by leucorrhœa, the woman is usually suckling.

The pain is truly neuralgic; that is, according to Anstie, it comes in recurrent waves, or gusts, and is one-sided. I have never seen a case of this form of neuralgia where the pain was on both sides, and but rarely where it was on the right side. It is a left-side pain essentially. It is commonly called "pain in the side," and its truly neuralgic character is overlooked. A patient suffering from this affection gives a history to the following effect: She is weak and feeble, with black spots before her eyes, and has pain in her side and betwixt her shoulders, and very commonly dyspepsia, or constipation. In addition to this, she admits, more or less reluctantly, that she is much troubled with leucorrhœa, and usually has some uterine derangement. In the cases where this is not the case, she is suckling. In appearance, she usually presents a debilitated aspect, and very commonly is a dark and sallow woman, of lymphatic temperament; but by no means necessarily so; and women of a totally different character are found as sufferers from this feminine scourge. The tongue is usually clean, bright, and often silvery, without change of size, except in advanced or aggravated cases, when it is swollen and indented by the pressure of the teeth. She complains of pain in the side and betwixt the shoulders, and the painful spots are very tender upon pressure. In reality, these are the tender spots of Valleix; and one is found over or near the left apex, and the other at the posterior spinal rootlet of the nerve. The nerve usually affected is the sixth intercostal. Such is the malady in its ordinary aspect; and its features are singularly unvarying, so much so, indeed, that when "pain in the side" is complained of, the symptoms can be rapidly run up, often much to the patient's astonishment. This is especially the case as to the uterine connections, which are often carefully concealed, and only admitted when the question is pressed.

As a rule, it may be said these cases are found among the married, and among servants who work hard and take little care of themselves; indeed, they often scarcely know how if they had the time to do so. In rare cases, women past the meno-pause have this ailment, commonly with its ordinary accompaniment leucorrhœa; at other times without it. It is a disease of debility whenever met, and is free from any association with those affections, syphilis and malaria, so productive of neuralgia. At times it is found in girls who are decidedly

anæmic, and verging upon chlorosis; and tedious and ineffective is the treatment where the relations and concomitants of the neuralgia are overlooked, either from ignorance or carelessness.

The prognosis of the disease, like that of neuralgia generally, is good; but the progress is much affected by the treatment, and that again depends much on the knowledge of the ailment possessed by the medical adviser.

Treatment. — This must be conducted partly on general principles, partly in reference to the special indications. As to the first, we must remember the other two characteristics of genuine neuralgia given by Anstie, viz.: that it is aggravated by all depressing agents, and by increasing debility; and also that it is relieved by general improvement of the condition, and by the agents which tend to induce the latter change. My usual rule has been to give a combination of stimulants and tonics, and specially carbonate of ammonia with the ammonio-citrate of iron in an infusion of quassia. In a little time this may be advantageously changed for sulphate of quinine, muriate of iron and quassia. Recently, however, I have accompanied my friend Professor Ferrier to the West London Hospital, and compared notes with him. His favorite treatment is, to give the well-known mixture of gentian and rhubarb. In many cases, where the gastric symptoms are marked, this plan is unquestionably successful; but in others, the plan adopted by myself is more effective. The change, however, is almost certainly effective. In addition to this exhibition of internal remedies, belladonna plasters and the local application of mustard have been tried; but of course it is difficult to say with what effect, as other measures were combined with them.

The absolutely necessary part of the treatment is the attention to the local discharge. Whether this discharge is vaginal or uterine, I do not know, not having investigated the point. The use of the cold hip-bath, or where this is impracticable, or is badly borne, cold water bathings of the parts night and morning are necessary. To this may be added, in more obstinate cases, injections, either of cold water or the ordinary astringent mixtures. Without this local treatment is properly followed out, the progress of the case will be uncertain and disappointing.

Where there is menorrhagia, the usual plans of treatment of that affection may be blended with the measures given above. The remedies indicated in these cases are, however, rather of an astringent nature, their constipating effects being obviated by the administration of laxatives. In all cases, indeed, the bowels should be attended to; and for this purpose, aloes are well suited from their action on the hæmorrhoidal vessels. The action of the skirts hanging from the waist and squeezing the contents of the abdomen into the pelvis should not be forgotten; and everything calculated to produce pelvic congestion should be avoided.

Where the affection is associated with suckling, the child should be weaned forthwith, or, at least, the breast should be reserved for the night.

DR. E. P. HURD, of Newburyport, Mass., in his address before the N. H. Medical Society, states that he has found chloral hydrate especially useful in the insomnia of infants. One grain may be given to a restless infant every hour till sleep is induced. Gelseminum admirably fulfills many of the requirements of a hypnotic, for its action seems to be largely that of an exalter of sympathetic function, and it lessens cerebral congestion. Three drops of tincture of gelseminum, with three of laudanum, and ten grains of bromide of potassium, every two hours, has succeeded in breaking up insomnolence when other remedies have failed.—*Bost. Med. & Sur. Jour.*

NEW YORK has formed a "Mutual Cremation Society."

PERCHLORIDE OF IRON IN POST-PARTUM HÆMORRHAGE.

Editorial in The Obstetrical Journal of Great Britain and Ireland.

DURING the last twelve months, much space in this *Journal* has been devoted to the consideration and discussion of the treatment of post-partum hæmorrhage, and more particularly to the method so ably advocated and defended by Dr. Robert Barnes. Post-partum hæmorrhage, perhaps more than any other accident, claims the attention and arouses the interest of the medical practitioner. When it occurs, his nerve, energies, and resources, are strained to their utmost limits, and, consequently, an indellible impression is produced. At all medical meetings, when this subject is brought forward, animated discussions invariably follow. Every one wishes to ventilate his experience, and to learn something new and potent upon which he may rely when next he has the misfortune to battle with a case. This prevalent feeling was probably the cause why the profession seized so greedily upon the perchloride of iron remedy. A weapon, with which death in its most appalling form could be conquered, was what every obstetrician and general practitioner wanted. Many are wielding it now; and whether it be trusty or no, will speedily come to light. So far, the opinions of those who have tried it are almost unanimously favorable. Those who doubt its efficacy, or think it dangerous, are represented in this country by Dr. Snow Beck, and in France by Dr. Joulin. It is well known that a solution of perchloride of iron injected into a nevus has, by producing clots in the blood-vessels, caused death in a few minutes. But this is not the form of accident which the objectors to its use most dread. Blood-poisoning, they assert, is the real danger—septicemia, with its long train of fatal symptoms. Whether there be any truth in their strongly expressed opinions, time alone can decide. Whatever, however, may be said against iron injections in post-partum hæmorrhage, we think it must be conceded that many lives have been, and are being, saved by them. The questions as to whether any other better, or equally effective, method of treating this form of hæmorrhage is discoverable, and whether iron is the safest and best form of styptic, are still open; but that Dr. Barnes' plan has been of the greatest service in many desperate cases there can be no reasonable doubt. He therefore deserves the thanks of the profession for urging the use of a remedy which, if not the best, is at least the only certainly effectual one at present known, to which we can turn when all other expedients have failed. The chief source of danger in using the perchloride of iron lies in the power which it possesses of forming the blood into dense clots. The decomposition of these, whether they be in the sinuses or cavity of the uterus, is the pathogenetic consequence most to be feared. To prevent the deep penetration of the iron into the sinuses, Dr. Wynn Williams swabs instead of injecting. To avoid danger in the second case, it is essential, as pointed out by Dr. Barnes, that, both before and after the iron injection, the cavity of the uterus should be completely emptied. To enable the profession to form a just estimate of the value of this method of treating post-partum hæmorrhage, and to obtain perfect confidence in it, the publication of all cases, whether favorable or the reverse, is very desirable. We hope Dr. Snow Beck will publish his cases, and Dr. Barnes, in ever so brief a form, the whole of his. We also hope that the flourishing accounts of the successful cases which have appeared in our pages, will not induce any one

to use the perchloride of iron injection, or swabbing, without having first tried the ordinary means; and that no one will be deterred, when these have failed, from promptly employing it, and thus giving his patient a last chance, on account of anything against its use, which we, in our impartial position, have thought it our duty to publish.

DISEASE OF THE HEART—PREGNANCY—ABORTIONS.—A woman, aged forty, having been pregnant fourteen times, a cardiac affection became apparent in the course of the fifteenth, which, with the sixteenth and seventeenth, ended by abortion in the sixth month. She enjoyed good health during the first fourteen pregnancies, which resulted in six abortions, six children born alive at the full term, and one still-born; but when she became *enceinte* the fifteenth time, she was attacked with beatings of the heart and great dyspnœa, which increased in violence till miscarriage occurred, when they stopped. In the next two pregnancies, the palpitation of the heart and dyspnœa were more frequent: they ceased each time on abortion taking place, when the children were expelled dead. The palpitations are accompanied by a very acute pain, like "cuts with a knife," on the left side of the chest, sometimes on the right; the pain reaches as high as the left clavicle, and down to the lower ribs through the axillary region. No pain in neck, arm, nor abdomen. Walking against the wind, the smell of cooking or of tobacco, induces these attacks of pain. She has no gastric disturbance. Pressure at the third rib, and at the insertion of the sterno-mastoid on left side, causes pain. There is a rough murmur accompanying the first sound of the heart, with slight friction sounds at the base.

Although not yet noticed in midwifery works, accoucheurs are aware of the bad influence of pregnancy on diseases of the heart. By the mere fact of pregnancy, the quantity of blood in a woman is increased, causing a physiological hypertrophy of the left ventricle. The mother's heart and lungs, henceforth, act for two persons. If mitral insufficiency exist there will be engorgement of lungs and left auricle, causing catarrhal diseases and bronchitis with hemoptysis. This is followed by intermittent pulse and cardiac asthænia.

Such are the effects of pregnancy on mitral insufficiency.

Now, in the face of these facts, may we not ask whether heart disease does not affect pregnancy; and whether in certain cases, no doubt rare, abortions and premature labors are not induced?—*Le Progres Medical.—Obstet. Jour. of Great Britain and Ireland.*

THE LOCAL TREATMENT OF PULMONARY CAVITIES BY INJECTIONS THROUGH THE CHEST WALLS.—Prof. Wm. Pepper gives, in the *Medical Times* for March 14, an account of some experiments in the treatment of pulmonary cavities by injections through the chest walls, the cavities first being emptied by the aspirator. He employed the smallest canula (No. 1) which accompanies Dieulofog's aspirator. The needle was introduced to a depth of from one-half an inch to two inches, over the region where the physical signs gave evidence of the existence of a cavity. A few drops of thin, watery pus were withdrawn in one instance, and a little blood followed the puncture in one or two other cases. The only fluid which he had as yet tried as an injection, was a dilute Lugol's solution (min. iv. to f. drachm i.), of which from four to ten minims were injected.

The principal point demonstrated by these trials, was the entire harmlessness of the procedure. Further trial is necessary to demonstate its usefulness.

Prof. Masler, of Greifswald, Germany, has also been experimenting in the same direction. Brief references to some of his cases, reported in the *Berliner Klinische Wochenschrift*, have appeared in the *Medical Times and Gazette* (London), Feb. 14, 1874.

Book Reviews.

TREATMENT of Nervous and Rheumatic Affections by Static Electricity. By Dr. Arthius. Translated from the French by J. H. Etheridge, M.D., Professor of General Therapeutics, Rush Medical College, Chicago.

It is difficult to review with perfect fairness, and to criticise with entire impartiality, the work of a friend. It is more difficult to expose completely the errors and absurdities of a work, without involving the appearance of personal hostility to the author. The truth of these remarks impresses us now with great force as the above-mentioned book lies before us. Actuated by feelings of the warmest friendship for the translator, we have read the book over and over again, in the hope of finding something which we could honestly commend in it. But we have been grievously disappointed. There is nothing admirable of the work but its exceeding small size. When we consider that the translation was made by Dr. Etheridge "from a desire to contribute to the literature of a subject scarcely known to young American physicians," we are filled with regret that the limited means at his command were so inadequate to his purpose. How sad it is that such a desire, when it became perfectly irresistible, was not tempered with a proper regard for his own reputation, and for the feelings of the American profession!

Though we firmly believe his intentions are good, we deplore his inability to distinguish between a genuine contribution to knowledge and a shallow advertisement of an ignorant quack. Our language is strong; but that it is actually milder than the facts warrant, a perusal of the book will show. From the "Introduction" we extract the following passages: "Of all the treatments of nervous diseases and rheumatic affections now in vogue, none is to be compared, for efficacy, to the electrical treatment, which *we advocate*." * * * "Dynamic electricity (the form usually employed) is often dangerous, rarely efficacious." * * * "Static electricity, on the contrary, *our* electricity, cannot in a single case be dangerous; even when it is not curative, it is beneficial. This is pre-eminently a regulator of the functions, a dispenser of harmony, a distributor of equilibrium."

We would suggest to the author that if he can find time to attend the next meeting of the Illinois State Medical Society, he may hear of something to his advantage from Dr. D. Prince. The book abounds in such language as we have quoted; indeed, it is the only compensation afforded for dearth of ideas.

The first chapter is devoted to a superficial, fragmentary, and imperfect historical review of the subject. In the second chapter, an absurd attempt is made to expose the "Inferiority of Dynamic Electricity: its Dangers." Though the language in this is highly sensational and exaggerated, the author unquestionably shows that "dynamic electricity" may, when improperly used, do considerable damage.

Some idea of the clearness of his knowledge may be acquired from the

following quotation: "But it must be immediately said, these currents (of dynamic electricity) derive their origin and power from chemical decomposition." * * * "Dynamic electricity participates, necessarily, in the very elements which compose the generating pile." We suppose this is all true, though we have not a very clear idea of the author's meaning. We are afraid, however, that his perception is somewhat obscured by an erroneous idea of the capacity of the agent, and a morbid apprehension of its destructive tendency, when he says: "It is easy to understand all the disorders which can be produced (by dynamic electricity) in an organism as delicate as ours, all the corrosive currents, saturated with violent acids, which destroy everything from flesh even to metals." The book is full of just such twaddle. And this is the ground of our belief that the author is an ignoramus or a knave—probably both. The third chapter is descriptive of apparatus and mode of proceeding. The machine employed is distinguished from those in ordinary use by several striking peculiarities. The plate is $28\frac{1}{2}$ inches in diameter. The rubbers are coated either with oxide of gold or ducto-sulphide of tin—preference being given to the former. The use of dissimilar metals in the construction of the apparatus is decried, on the ground that when they are used a portion of each finds entrance into the body with the electric current, and by inharmonious action either fails in producing the best attainable result, or actually produces most singularly complicated and dangerous commotions. The conductor and excitator should always be of the same material; and the material in the excitator should vary with the disease. In commencing treatment, an attempt is made to determine by experiment the material that best accords with the requirements of the case. The insulator is a stool with glass feet, upon which the patient is required to sit. The "flindique bath" consists in charging the patient seated on the stool. Its efficacy is highly extolled. Treatment is invariably commenced with its use; and though it may accomplish no good, it cannot by any possibility do harm. Our author speaks of the pores of the skin "sucking up" electricity, and delights us with a charming disquisition on "electrical frictions," "douches," and "shampooings"—processes which are as much entitled to the names they receive as an enema would be. We are further informed "that experience has demonstrated that the electric current ought always to be directed from the head or spinal cord to the extremities;" and we accordingly find that he always connects the conductor with the head or spinal column of his patient. The author seems to ignore the history and physical signs of disease as a means of acquiring a knowledge of its nature and seat. The machine obviates all trouble and uncertainty; it makes the diagnosis for him. There is no need of patient inquiry and careful reasoning, and there is no cause for anxiety. "Whenever a man is suffering, the electric fluid ceases to pass uniformly in his organism." * * * "The patient perceives the slightest prickling in the sound parts, and none at all in the diseased parts." The seat of disease is thus readily determined. Never mind its nature: just use

"Static Electricity—*our* Electricity." The fourth and fifth chapters are devoted to the consideration of the "Transport of Medicines by Static Electricity."

It is claimed that a portion of the substances traversed by the electricity is conveyed, with the latter, into the body; and that the effects of all medicines may be procured by this mode of administration. This is suggestive; it is good. It is a greater contribution to medicine than is "Esmarck's Method" to surgery. Who can conceive of all the benefits that may be derived from this mode of practice? Here we have a parturient woman bleeding to death, in consequence of inertia of the uterus. We get out the machine; apply the conductor, well coated with fluid extract of ergot, to the spinal column, and touch the hypogastrium with the excitator; when lo! the uterus contracts, the hæmorrhage is stopped, and the baby is born! A patient has a most obstinate constipation. We *know* he has constipation—not because he said so, nor because we have watched him, but because he experienced no prickling in the abdomen when placed on the insulator, and connected with the machine. We put that patient on an insulated bed or sofa, taking great care that the lower part of his body points toward a slop-bucket—or, at least, away from us. We then apply the conductor, well smeared with castor oil, to the patient's pharynx, and when all arrangements are completed, touch the excitator, covered with a good *drawing salve*, to his anus—and his difficulty is removed with neatness and despatch. But, seriously, we do not doubt the possibility of introducing infinitessimal quantities of medicinal substances into the body in this way. To make it the basis of a new departure in therapeutics, however, would be almost as absurd as some of our author's diagnoses. To these we now invite attention [The following history is condensed, but differs from the original in no other respect]:

A child, two years of age, was attacked with some disease of the brain, immediately after having fallen to the ground from the arms of its nurse. There was incomplete recovery from the disorder, a tendency to convulsions remaining; and the severity of these convulsions, and the frequency of their occurrence, so increased, that, in time, the patient could secure only a very few hours of continuous repose. The ordinary remedies had been prescribed without success, and treatment was for a time abandoned. As the child advanced in age, the convulsions became somewhat less frequent; but its right arm became completely paralyzed, and much atrophied. Eight years after paralysis was established, and ten years after the injury was received, the patient was introduced to our author. His diagnosis was *epilepsy*; prognosis, favorable; treatment, static electricity; result, perfect recovery.

In his remarks on locomotor-ataxia, we find the following cheerful assurances: "The fatal designation, *progressive*, which M. Duchenne gave to it, does not belong to it to-day, since we are always able to arrest it in its invading stage. We have treated a large number of ataxias, and we are always successful in imposing a barrier to the disease."

In one case, the astounding diagnosis of "Rheumatism, General Debility

and Moral Prostration," was made. But our author rose equal to the emergency, and in a jiffy relieved his patient of pain, and restored his original vigor and pristine purity. Though we have already exceeded the ordinary limits of a book review, we have exposed only a few of the absurdities of this work.

A reference to the original work shows that the author's ideas have been very fairly and faithfully translated. We notice, however, that his name, in French, is spelt, Arthuis. Arthius is, perhaps, Dr. Etheridge's English version.

During the reign of the late Emperor, the laws regulating the practice of medicine in France were very stringently enforced. No person was allowed to assume the title of, nor to practice as, a physician, until he had spent the required seven years of study, and received his degree at some French school of medicine. Under the present regimen, however, these very just and wholesome restrictions have been, to a great extent, withdrawn. From all quarters, the profession of France are sending up their protests against the swarm of unprincipled charlatans by whom their country is being overrun.

The simple title of Dr., which an author may prefix to his name, on a title page, is no longer, therefore, in France, more than it would be in our own country, a guarantee of professional standing.

In the absence, then, of any evidence whereby to judge of Dr. Arthuis' professional character and attainments, otherwise than from the general style and character of the work before us, we are, as before intimated, very much afraid that the translator has placed himself in the unfortunate position of endorsing, and placing before the American profession, the puff, quack advertisement, of some uneducated, unrecognized, foreign charlatan.

The Obstetrical Journal of Great Britain and Ireland, including Midwifery and Diseases of Children, with an American Supplement; Edited by Wm. F. Jenks, M.D. Philadelphia: Henry C. Lea.

The number for March closes the first volume of this excellent journal. Each number throughout the volume has contained a well-selected and choice variety of practical essays, lectures, translations, etc., appertaining to the special departments to which it is devoted. The American Supplement is well conducted, and adds much to the value of the issues.

The subscription price is $5.00 per annum, in advance. Any of our subscribers who desire can obtain it through our office at $4.00.

ANOTHER NEW JOURNAL. — We have received the first number of the *Missouri Clinical Record*, published at St. Louis, monthly, at $3.00 per annum. The number before us presents a fairly creditable appearance—contains sixteen quarto pages of reading matter, and includes in the contents a number of valuable original lectures. Communications, etc., should be addressed to the editor, W. A. Hardway, M.D., at Missouri Medical College, St. Louis, Missouri.

NEW BOOKS.

From W. B. Keen, Cooke & Co., Chicago.

A Manual of Toxicology. By John J. Reese M.D. Philadelphia: J. B. Lippincott & Co., 1874.

A Treatise on Therapeutics, comprising Materia Medica and Toxicology. By H. C. Wood, Jr., M.D. Philadelphia: J. B. Lippincott & Co., 1874.

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Original Communications.

GLEANINGS FROM CAMP AND HOSPITAL.—II.

BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

UPON the formation of camps, and the aggregation of hundreds and thousands of men from different localities and the varied walks in home-life, in our place, with none of the appliances of comfort enjoyed at home, and, superadded, the thousand and one conditions incident only to the army in the field, it was to be expected that disease would assume different forms, according to circumstances.

May 11th, 1861, about one thousand men reported at Joliet, in Illinois, for the purpose of organization into a regiment of soldiers. All ages, from the beardless boy of sixteen to the matured man of well nigh to sixty, composed this collection. After about ten days, it was found that twenty or more were laboring under diphtheria. On investigation, it was found that the victims were men from localities where the disease had been prevalent during the winter and spring. No cases occurred among those who came from places free from it. This afforded an interesting illustration of the co-operation of *predisposing* and *exciting* causes in the production of disease. (*Williams' Principles*—"Etiology.")

Another striking instance, of a like character, occurred at Cape Girardeau, Mo. The 20th Ill. Infantry arrived at that place July 10th, and encamped at once upon the bank of the Mississippi. The spot chosen was rather flat and basin-like. It was dry, and, in a land where no rain falls the location would have been faultless. But, alas! it was otherwise. In a few

days there was a copious shower, and many of the tents "swam in water." With this admonition, no hint was taken to move. Soon the sick lists began to enlarge, and strong men were prostrated by fever.

The first death in the regiment occurred before the first of August. Still, comparatively few were sick.

Having been accustomed to malarial influence at their homes in the Prairie State, they were not obnoxious to ordinary local causes; besides, the daily routine of duty only included the usual humdrum of lazy camp-life. But, during the first week in August, an alarm was given, and the enemy reported as advancing on the place. Orders came, shortly after taps, to prepare for a move. A greater portion of the night was consumed in the hurry and bustle incident to packing up for a supposed long march. Early morning found us upon an elevation overlooking the river, and hardly a stone's throw from the old camp. To fortify was the command; and in a few hours nearly two thousand men were at work with pick and shovel, digging deep trenches, the earth from which was piled into high embankments. The excited men, incited by the more excited officers, thus worked two nights and a day. A line of defence was thrown up in an incredibly short period of time. Intelligence was received that it was only a scare.* Excitement was succeeded by depression, from fatigue and want of sleep, and at once there were hundreds attacked with chills. The exposure, in a low camp, to vicissitudes of heat and wet, served as a predisposing cause, to be converted into the disease itself by the same physical exertion as above stated. From this time, fever of a low grade became common, and many sunk to a soldier's grave.

There is much reason to believe that the exposure to the air of an extensive surface of earth is a cause of disease in any locality and under any circumstances. The exposure of fresh earth by the plow, on our vast prairies, is considered as productive of miasmatic disease, by reason of the decay of grass roots. The grading of railroad tracks, and excavations for laying foundations for buildings, are cases in point.

In the summer of 1870, a large store was built in this city, and over 13,000 square feet of surface was exposed, to the depth of eight or ten feet, in order to secure a solid foundation. The gentleman who supervised the work was, although large and stout-appearing, a sufferer from a chronic torpidity of the portal system. He was exposed a greater part of every day to any emanation which might have arisen, and under a hot summer sun. He at length was taken with severe pain in the head; a loss of power to calculate in his building plans; and from some real or fancied error being found in the details of the work, he became so chagrined that he shot himself through the head.

The spot referred to had for some years been an open area, where horses had been tied by country people, and a great amount of impurity had become incorporated with the soil. It is not improbable that laborers, merely digging upon the same ground, escaped because of the exercise; whereas a mere superior only stood

* I am told by a gentleman in this city who was connected with Gen. Pillow's forces, that the nearest that they went to Cape Girardeau was sixteen miles.

about, without any exertion sufficient to cause sweating. A common laborer will endure exposure and fatigue, from physical exertion alone, better than the man who does no work, but has the mental strain of responsibility to bear.

Last summer an addition was made to the Deaf and Dumb Asylum in this city, and upon ground where the kitchen and laundry slops had been thrown for many years. An excavation was dug to the depth of several feet for a basement story, and a great quantity of earth removed and spread out upon one corner of the grounds not far distant. Before the building was finished quite a number of the inmates sickened with a low grade of fever, while no other cases occurred in the city.

There is no doubt but that quite a proportion of fever cases occurring during the late war resulted from undue exposure to causes as above indicated.

Typho-malarial fever appears to be an intensifying of paludal influences, coupled with other causes of a physical and mental nature. Exposure in cold weather was a fruitful cause of the camp dysentery which became so prevalent in our army immediately after the capture of Fort Donelson.

During the approach upon that famous stronghold no fires were allowed; and the whole army was exposed for days to a continuous storm of rain, which froze as it fell, and consequently every man was more or less wet. Dysentery and diarrhœa at once seized upon those who had escaped the bullet; and after the forces had retired to their respective camps their tents were found tattered and torn by bullets and hard usage.

The rains of the last half of February were frequent, and exposure was extreme.

During the week consumed in sailing up the Tennessee River to Pittsburgh Landing and Savannah, there was great suffering, and but few were in good health. In consequence of a long-continued exposure of the cutaneous surface to cold and dampness, the hepatic system was loaded, and the intestinal mucous membranes became diseased.

For five or six months after the Fort Donelson exposure, I was not free, for many days at a time, from a hæmorrhagic discharge from the bowels. This condition originated from exposure to cold and dampness during the winter of 1861–2, while our command was at Bird's Point, Mo., together with our exertion in closing up the regimental hospital, after the army left for Fort Henry. I did not arrive at Fort Donelson till February 16th, the day of the surrender. From this time till March 4th, it was necessary to visit the camp daily, and prescribe for a great number who were complaining. A regimental hospital was opened in the village of Dover, where we had a goodly number of my sick patients.

Surgeon Goodbrake, of the 20th, was with the command through the Fort Henry and Fort Donelson campaigns; and, if I remember correctly, his health suffered very materially, in consequence of exposure and the extraordinary physical exertion, which were absolutely unavoidable in those memorable days and nights. From March 13th till the 6th of April following, the forces were somewhat benefited by such a respite from severe duty as could be obtained in cool

and rainy weather, with poor tents, pitched in the mud.

But the incidents of camp life, which are yet so fresh in memory, and associated with our sojourn at Savannah before and after the battle of Shiloh, will afford material for another article in this series.

IMPERFORATE ANUS.

THE SUBSTANCE OF A CLINIC BY E. O. F. ROLER, M.D., IN MERCY HOSPITAL, APRIL 14, 1874. REPORTED BY J. KEWLEY.

GENTLEMEN: On the 9th of April, Mrs. —— gave birth to what was, apparently, a perfectly formed and healthy female child. The infant's bowels not having moved, a dose of castor oil was administered a day or so after its birth; catharsis, however, did not follow its administration, but the medicine was after a time ejected from the stomach. An enema was now thrown into the rectum, but was not retained. On the afternoon of the 11th my attention was called to the patient, and on examination I found the rectum to terminate in a cul-de-sac. This kind of malformation is very rare, and in them one of two conditions exists: 1st, The walls of the rectum may be perfectly formed, the cul-de-sac being formed by a constriction of the walls, or, more frequently, by a septum thrown across, bearing the same relation to the rectum as the imperforated hymen does to the vagina. 2d, The rectum may terminate in a pouch before it reaches the anus, being, as it were, too short. In such cases we find a cul-de-sac more or less deep, terminating in the anus; the bottom of the cul-de-sac being separated from the rectum above by perhaps cellular tissue. In the first case, operations have frequently been successful; in the second case, the prognosis is more grave; yet an operation is the last and only hope of saving the life of the child.

This infant, although it has nursed some, is quite emaciated, and has been vomiting biliary matter in considerable quantity; hence little hope can be entertained of its recovery. After each of the students had examined the infant, Prof. Roler wrapped a narrow bandage around a bistoury, with the exception of its sharp point, and then introducing his little finger into the cul-de-sac, as a guide to the instrument, he carefully introduced it, and upon withdrawing the instrument, gases, and a quantity of meconium, escaped.

The infant died, however, during the night of the 14th; and at the autopsy, held on the 15th by D. T. Nelson, M.D., the pathological condition of the rectum was found to correspond with that of the second case enumerated above. The bistoury had pierced the cul-de-sac, and penetrated the bottom of the pouch above. In the ilium was found a small perforation, diagnosed as rupture from over distension of the intestine. The small intestines, with the exception

the duodenum, and a small portion of the jejunum, were highly inflamed and distended. The ascending, and a small portion of the transverse, colon, presented a high state of inflammation; the hepatic flexure having nearly a gangrenous appearance, and in a few days, at the most, would have ruptured. The portion of the liver in contact with the inflamed bowels, was of a deep brown color, almost black; and the gall-bladder was distended with bile. No other pathological lesions or malformations were discovered. Death was undoubtedly caused by the inflammation of the bowels, as a probe could be very easily introduced, at death, into the rectum, through the opening made by the bistoury.

Translations.

THE HISTORY OF A ROYAL FISTULE.

Translated for THE EXAMINER, *from La France Medicale, March* 4, 1874.

LOUIS XIV., at forty-seven years of age, had attained the apogee of his glory. He had built Versailles, Trianon and Marly; had enlarged greatly the palaces of Fontainebleau, Saint Germain, Saint Cloud and Chambord; had received from the authorities of Paris the title of "The Great;" his life had become much more regular, and he had abandoned the last of his mistresses, Mlle. de Fontanges. Maria Theresa died in 1683, and he subsequently contracted a secret marriage with the widow of Scarron, Mme. de Maintenon.

January 15th, 1686, the king complained of a small tumor in the perineum, on one side of the raphe, two fingers'-breadths from the anus, barely sensitive to the touch, and destitute of pain, redness and pulsation. It did not interfere with defecation, nor exercise on horseback, but subsequently increased somewhat in size, and became so indurated, that on the 31st of January, it was determined to attempt its resolution.

On the 5th of February, Daquin, the king's chief physician, prescribed a poultice, composed of beans, broom-rape, barley, rye and flaxseed soaked in wine and vinegar, which was to be renewed every five or six hours. During the next few days, in which the king was confined to his bed, a plaster of white lead (prepared by boiling) and hemlock, was also applied. The pain of the swelling increased to such an extent, that by February 16th the patient was obliged to retain the recumbent position. The skin meantime had become somewhat reddened in the vicinity of the little tumor, which had not, however, increased in

size. It was thought that suppuration had occurred, and, therefore, at the point where ulceration seemed imminent, an ointment of colophony, yellow wax, resin and olive oil was applied, and the whole covered with a plaster containing yellow wax, turpentine, Burgundy pitch, and the acetate of copper. The desired effect was produced. Fluctuation became evident on the 18th, and the pain increased, as in ordinary suppuration.

The courtiers, as usual, interested themselves greatly in the malady of the monarch, and were loud in praise of a certain sparadrap, with which the inventress, Mme. de La Daubiere, had accomplished marvellous results. The physicians consented to its use, on condition that its composition should be made known to them, and that it should be prepared by the royal apothecaries. The formula was as follows:

Gum elemi and turpentine, } lb. ss.
boiled in plantain water, }
Yellow wax, ℥ viij.
Balsam of Peru, ℥ iss.

No results were obtained by the use of this compound, so the former treatment was renewed; and on the evening of February 19th the abscess burst, and discharged during the ensuing night. A slightly indurated projection was still evident after this occurrence.

On the 20th of February caustic was added to the ointment of colophony, which had the effect of enlarging the wound. It then gave issue to a thicker and more sanguinolent pus, which escaped incessantly, but brought about a notable diminution in the size of the tumor.

On the 21st of February the king suffered from an attack of gout in the right foot, and on the following day from lassitude and cephalalgia; but there was no fever. The orifice of the sinus slightly contracted; there was a reddish, sero-sanguinolent discharge; no insomnia. On the 23rd of February it was determined to open the abscess from below. Two cauteries were applied, an eschar made, and the opening effected with a lancet. Pus escaped, and the early dressings were renewed. There was some gouty pain during the night. On the 24th the abscess became indurated, and resolution was attempted by introducing into the wound a tent, smeared with a balsam composed of the oils of flaxseed, juniper, olives, cloves, laurel, and turpentine, with aloes, sulphate of zinc and acetate of copper. There was some sleep at night, and less gouty pain. On the 27th of February the pus became more thick, and fomentations were applied, consisting of the decoction of absinthe, roses, pomegranate rind, and leaves of myrrh in red wine. February 28th, the balsam was discontinued, and the abscess injected with a lotion for wounds.

March 2nd: There was no resolution of the tumor. It was dressed with red precipitate, one drachm, and the colophony ointment, one-half pound. The sleep of the patient was disturbed, and the gout increased in severity, yielding, however, to treatment by the 8th of March.

The disease went on, alternately progressing and retrograding, until the middle of May. The king had had hitherto an external blind fistula; but, May 17th, when injecting the cavity, it was noticed that the injected fluid did not completely return, which led to the suspicion that the intestine

had been injured, and the fistula had become complete — the ulcer sometimes appearing cured and sometimes re-opening. To remove all doubt on this point, an exceedingly red decoction of hypericum perforatum (St. John's Wort) was injected, which did not return by the wound; and the king, placing himself upon a chamber, passed the entire decoction from the bowel. Afterward, to make sure of the locality of the intestinal lesion, a probe was introduced through the fistula, and the index finger, when passed into the rectum, encountered the extremity of the probe, at a distance of about two or three fingers'-breadths above the anus. A small quantity of pus and blood followed its withdrawal.

On the 27th of May the king mounted his horse. In August he had a quartan fever, and was bled and purged. Cinchona was subsequently administered in the following manner: One ounce of cinchona in powder was infused in a pint of good Burgundy wine. During the first twenty-four hours the mixture was agitated several times, and finally left to stand. Of this, four to five ounces were administered every four hours, night and day. In a few days the patient was relieved.

But the fistula remained unchanged. It was evident that there was but one means whereby to cure it; and that was an operation. But, at the court of Louis XIV. it was not easy to induce submission to such procedures. All sorts of people still announced infallible cures; and a trial of these must of course be made. After the plasters and ointments, the waters of Bareges were vaunted. The rumor spread that the king was about to make trial of these waters; but it was considered desirable that they should be first tried on some of his subjects. Four persons affected with anal fistula were first sent to Bareges, under the direction of Louvois, surgeon-in-ordinary to the king. Lotions and injections of these waters were used ineffectually. Finally, a woman appeared who declared that she had been cured of a fistula by the waters of Bourbon-l'Archambault. Four additional patients were at once despatched to Bourbon, with a royal surgeon, and returned in the same condition. Lastly, beds were established under the superintendence of Louvois, and filled with patients affected with fistulæ. They were treated under the surveillance of the surgeon-in-chief, Felix, by those who pretended they could cure them. All failed.

The surgeon Bessieres, who had free license to speak at the court, declared to the king that all remedies were, and would be, valueless; and that no cure was possible, except by an operation. For a long time the surgeon-in-chief, Felix, had proposed this; but had expected that the royal patient would consent only after he had become thoroughly disgusted with all the measures proposed by the empirics.

Louis XIV. had left Fontainebleau and returned to Versailles, thoroughly resolved to undergo an operation at the hands of Felix, to whom he had given permission to choose his assistants. The king decided that the affair was to be kept secret.

On the 18th of November, 1686, about eight o'clock in the morning, Felix, having Bessieres for an assistant, proceeded to operate, in the

presence of the physician-in-chief, Daquin; the physician-in-ordinary, Fagon; and Louvois. Taking in his left hand a bistoury, made expressly for the purpose, and having a probe attached to its extremity, he passed the latter into the rectum by the fistula. The finger of the right hand, pressed into the intestine, encountered the flexible probe, and withdrew it from the anus; thus allowing the bistoury to cut with great promptness and facility the tissues between the fistula and the gut. He finally introduced scissors into the fundus of the wound, and divided the intestine somewhat above the opening, as well as all bridles of tissues which he encountered. One hour after the operation the patient was bled from the arm, and placed upon a severe regimen — abstinence from all solid alimentation; a weak broth being only permitted morning and night.

If the chronicles of that period can be trusted, Felix, despite his skill, hesitated so long before making the first incision, that his royal patient found it necessary to re-assure him; and the result of this to the surgeon was that he retained, during the remainder of his life, the trembling which he then first experienced.

The bistoury employed upon this occasion is preserved in the Museum, by the Faculty of Medicine of Paris. Its form is exceedingly primitive. It consists of a blade somewhat more than one-third of an inch broad, and eight or ten times as long, slightly curved upon itself, and terminating in a flexible stylet.

Although the operation had been done with all the requisite skill, there remained in the site of the fistula, callosities which interfered with cicatrization. In order to their removal, the "suppurative" and resolvent ointments, as well as mercury, were tried to no purpose. Twenty-two days after the operation, Felix extirpated these growths with the knife.

December 27th, the wound was almost closed, and the dressing consisted only of charpie, and the lotion for wounds. But there remained an indurated nodule in the neighborhood of the anus, interfering with cicatrization. On the 1st of January, 1687, Felix scarified this callosity deeply, and then applied to it red precipitate in powder, which produced a deep eschar. On the 7th of January there was a new and final scarification with lancet and scissors, the fifth since the beginning. An escharotic, compounded of equal parts of alum and red precipitate, was applied, and succeeded by excessive pain. Dysuria and a sanguinolent discharge occurred. The wound was bathed with barley-water; but the patient passed an uncomfortable night. From this date improvement was dedecided; the eschars separated, and cicatrization was complete by the 14th of January. February 18th the patient had another gouty attack; but on the 18th of March the king again mounted his horse.

It is curious to note the opinion of the physician-in-chief, Daquin, on the nature of this fistula. This is what he says:

"This tumour hath never been painfull, and hath displayed neither redness nor inflammation from its beginnynge throughout its progress. It was made to suppurate only with difficulty, and resolution could in no wise be obtayned. The greater parte thereof soon became indurated and

scirrhous, which proveth it to be a tumour of humour melancholic, crude, cold and indigestive, such as those which habitually produce scirrhous growths. And, forasmuch as it seemed to be indolent, having but little salt and acrimony (though it was permitted to remain but for a short while, since it was opened a few days after its appearance) it is difficult to understand in what manner the gut was penetrated. To avoid coming to any false conclusions, it is better to believe that the rent occurred before the tumour appeared, and that the vessel charged with the infecting humour which produced it, entered the intestine from without, became involved in the folds of the anus, and traversed its membranes as far as the middle of the perineum," etc.

And these lines are signed by the name of Daquin! How well Moliere knew the physicians of his age!

Louis XIV. rewarded his physicians and surgeons with a princely hand. Felix had fifty thousand crowns; Daquin, a hundred thousand livres; Fagon, eighty thousand livres; Bessieres, forty thousand. The four apothecaries received each twelve thousand livres; and La Raye, the surgeon-in-chief's son, received four hundred pistoles, or forty thousand livres.

Although the operation upon anal fistula by incision had long been indicated, the idea of it had fallen into oblivion, in consequence of the fear of such serious accidents as hæmorrhage and incontinence of fæces. And thus, those who were afflicted with this distressing infirmity, preferred to retain their fistula, rather than expose themselves to the danger of a worse accident. The fistula of Louis XIV. changed the face of affairs.

Celsus, who lived in the time of Augustus, describes the indications for this operation with great distinctness. (Book VII., chap. iv. 4.) He speaks of cutting the fistula by the aid of a thread, passed through the two openings; but he prefers the employment of the bistoury, especially when the fistule is complete. "*In haec genera demisso specillo, duabus lineis incidenda cutis est: et media inter eas habenula tenuis admodum ejiciatur, ne protinus oræ coeant.*" (In this variety a sound should be introduced; then the tissues incised for the space of two lines, and the little bridle removed which separates the walls of the fistula, and prevents their union.)

Felix practiced for several months before submitting his sovereign to the risks of an operation, a circumstance which, perhaps, explains the emotion he then experienced. He died May 25th, 1703, aged fifty years, rich and honored, but leaving no page of surgical record traced by his pen. He was succeeded by George Mareschal, surgeon to La Charite of Paris, who in 1696 had been already summoned in consultation to the bedside of the king, then affected with an abscess of the nucha. In 1701, Fagon, the physician-in-chief, old, asthmatic, deformed, and epileptic, was affected with stone in the bladder. He was successfully operated on by Mareschal, and received on that occasion from the king one hundred thousand francs. We are not informed as to the *honorarium* given to the operating surgeon; but two years after, on the death of Felix, it was Mareschal who was elevated to the rank of surgeon-in-chief to the king, a position re-

tained by him under both Louis XIV. and Louis XV., while Fagon was passed over.

The history of medicine at this epoch clearly indicates the difference between the learning of physicians and surgeons, a difference greatly to the advantage of the latter. And yet it was at this very time that physicians were seeking to obtain a supremacy over the members of the College of Surgeons. J. N. H.

TREATMENT OF PNEUMONITIS.

By Dr. A. Hermann, of Pesth.

Translated for The Examiner, *from the Allgemeine Wiener Med. Zeitung, by* H. Gradle, M.D.

(Concluded from Number VIII.)

THE necessity for caution, on which Juergensen lays especial stress, though he claims to have had no accident as yet, is clearly indicative of the doubts which the originator of the method himself still entertains as to its safety. However, as all potent remedial measures are not without danger, when incautiously employed, this risk ought not to deter us from its employment, were its results satisafctory. Juergensen counted, amongst 200 patients treated according to his notions, 24 deaths, or 12 per cent. mortality; and this statement, if taken unqualified, shows better success than Dr. Hermann's figures of 15.34 per cent. fatality. But amongst this number there were but 32 individuals above 50 years of age, while the statistics of our author show 33 in 163 patients as having passed this *quasi*-critical period; so that the previously detailed influence of age comes here into play in Juergensen's favor. Unfortunately, the analysis is limited to this factor, the seat of the lesion not being specified; and this neglect alone would justify Dr. Hermann in concluding that his cases were of a graver, more dangerous character, whence the augmented mortality.

This conclusion is further confirmed by the short duration of some of Juergensen's cases, as he claims to have seen the disease disappear in twenty-four to thirty-six hours. These deductions, as well as the actual fact that of 127 patients below 50 years of age, Dr. Hermann lost but 7, or 5.5 per cent., while in spite of cold baths and quinine, 168 cases of Juergensen's, of the same description, resulted in 14 deaths, or 8.3 per cent. fatality, suffice to convince the unbiased observer of the inefficacy of this therapeutic method, at the same time that he recognizes its danger *per se*, and impracticability in private practice, where old, deep-rooted preprejudices bar the way to such heroic measures.

Dr. Hermann's own estimation of any treatment of the disease in question he admits, candidly, to be very low. The seat of the lesion determining the gravity of the affection we cannot alter; nor can we control the age or its synonym—individual

powers of resistance—as to lose its influence on the tendency to fatal termination. Equally difficult is the limitation of the exudative process, the possibility of which, though often asserted, has never yet been definitely proven, while the reduction of the other most prominent appearance, the pyrexia, has so far remained an unsuccessful attempt, be the *modus operandi* venesection or cold affusion; so that, at present, a purely expectative mode of treatment is the one most justified by past experience, and exclusively adopted by our author, with perhaps the following specification:

As soon as the disease is recognized as pneumonitis, without regard to the lung affected, six ounces of emulsio amygdalina, with one and a half grains of extract. opii aquosum is prescribed, in the dose of one tablespoonful per hour, though discontinued during the patient's sleep. This prescription may be maintained on about the following arguments: The emulsion of almonds quenches the thirst, cooling the dry, hot buccal lining, while the small proportion of prussic acid lessens bronchial irritation, perhaps acting as an anodyne. The opiate, on the other hand, reduces the tendency to cough, quiets the stinging pains, calms dyspnœa, and thus indirectly exerts its soporific influence. Thirst is quenched, besides, by fresh water, whatever the season; while the only nourishment consists in soup, three daily rations of which, however, are but rarely accepted by the patient before improvement has begun; and only after normal temperature and pulse have existed three days, is more solid food, as preserves, permitted, to be changed, after two or three days more, to beef and vegetables, with white bread.

Quite marvellous appears the class of patients under Juergensen's care, who, as he states, were fed during the febrile condition with bread and butter and roast meat, with a liberal daily allowance of wine or beer. That healthy persons should thrive under such treatment is evident; but strange it seems, that so many patients suffering from inflammation of the lungs should possess such healthy appetites, and still prefer hospital residence to their private homes and occupations. Were these light cases an accidental occurrence, or the consequence of hydropathic treatment? But baths will not prevent a fatal issue; nor is their reducing influence on the temperature permanent, as the clinical history of the disease in Juergensen's own daughter sufficiently proves; for, as he says, "The temperature rose above 106° F., and returned to this point so soon after a bath of 60° F. that I concluded to reduce this to 40 to 45° F. and prolong its duration to ten minutes."

When the pulse was observed to become more frequent and smaller, and animal heat diminished, symptoms indicative of paralysis of the nervous centers, recourse was also had to stimulants, especially camphor, *but never with any success, such cases being always fatal.* Thus Dr. Hermann considered it neither excuse nor consolation, when able to say that treatment was commenced *too late;* as such cases fared no better when treated early. When Juergensen, nevertheless, says, concerning the use of stimulants in pneumonitis, that their proper and bold administration, even after incipient insufficiency of

the heart, may often prolong life for three or four days, this statement holds good as regards younger individuals, of whom 42 per cent. died during the second week, while but 27 per cent. of the more aged patients survived the first; though this fact is independent of remedial measures, being determined only by the greater powers of resistance during youth; since in our author's cases camphor was administered in the proportion of three to four grains to six ounces of emulsion, while the ten times larger doses of Juergensen accomplished no greater prolongation of life.

Even in the winter season, the patients were exposed to fresh air coming through the windows, opened at least one hour every morning, without any injurious consequences whatever; and as free ventilation is of the utmost importance in a disease of itself interfering with respiration, as pneumonitis, it is certainly safer to endanger its victims by draught than by a vitiated atmosphere.

In conclusion, the author apologizes for an article that can lay no claim to originality; but, as truth is the object of science, and such only has been recorded, he hopes not to have entirely missed his purpose, as he, at least, is well satisfied with the treatment recommended.

THE SYMPTOMATIC GOITRE OF TUBERCULOSIS OF THE LUNGS.

Translated for THE EXAMINER, *from Memorabilien, Vol. XVIII., No. 12.*

DR. BETZ says: "It is not uncommon to find, in the tenth to twelfth year—indeed, even earlier—an enlargement of the thyroid gland, which is connected with tuberculosis of the lungs. This struma could easily be looked upon as a forerunner of tuberculosis, if it was not to be considered as a symptom of that disease already existing. When the symptomatic goitre occurs at the beginning, or middle, of puberty, as it frequently does with girls, it could be connected more easily with this than with affection of the lungs. To remove this struma, particularly under the last-mentioned circumstances, aid is quickly sought, and the well-known iodine remedy is used. When tuberculosis clearly makes its appearance, and the goitre has diminished in size, it is to be feared, they say, that the goitre should not have been driven away, or the iodine employed for this is the cause of the consumption." Such reports have come to the notice of other physicians, as well as himself. He therefore takes little more notice of a bronchocele, where he anticipates tuberculosis of the lungs; and he thinks he is able to do this sooner, as this form of goitre does not increase to any great size. The enlargement of the thyroid gland has its cause, not in any participation with the process of tuberculous infiltration, but in a more chemical one, viz.: a chronic stasis of the blood. When the apices of the lungs become tuberculous, they are not only retarded in their growth,

but diminish in size. Herein, as it is well known, lies the cause of the consumptive thorax, which is formed more perfectly the earlier the tuberculosis begins, and the softer are the costal cartilages. Now, if tuberculosis of the lungs developes early, in the fifth or sixth year, the upper portion of the thoracic cavity is not sufficiently expanded; the clavicles, and the manubrium of the sternum are sunken in. This condition produces a pressure on the jugular veins, and in consequence there exists a circulation anomaly of the blood glands of the neck. This explanation seems to him to be the most probable. Usually, in such cases, the neck is covered more or less with pigment. Goitre is not a forerunner, but a symptom, of tuberculosis of the apices of the lungs, which has existed for a long time.

W. H. W.

Editorial Department.

AMERICAN MEDICAL ASSOCIATION.

ON the subject of "the reorganization" of the Association, the editor of the *Medical Record*, of New York, in the number for April 15th, has a page or more of editorial, which suggests the idea that our *confrere* must have been taking a Rip Van Winkle nap. He devotes a full column to the advocacy of a large Standing Committee on Ethics, which shall take the entire charge of all personal, ethical, or judicial questions, that the general business of the Association may be kept free from bickerings and useless discussions. He says: "At the last meeting in St. Louis, Dr. Davis made some propositions for the creation of this committee, but they were laid on the table." If our highly esteemed co-laborer of the *Record* will turn to pages 35 and 36 of the published Transactions for 1873, under the head of "Judicial Council," he will find fully adopted and incorporated into the Constitution of the Association the very provision which he advocates, under the impression that it was laid on the table.

The provision for a permanent Judicial Council, or large Ethical Committee, was not only fully provided for, at the last annual meeting, but the members were appointed, and the Council organized, as may be seen by referring to pages 55 and 111 of the Transactions. Dr. H. W. Dean, of Rochester, N. Y., is Chairman, and Dr. S. N. Benham, of Pittsburg, Pa., Secretary of the Council. The *Record* also refers to the propositions of Dr. Gross, made in 1872, for abolishing the committees on Medical Education, Medical Literature, etc., and substituting in their place addresses

on Medicine, Surgery, etc., to be made in open session, by members selected for that purpose. Here, too, he may find the changes he advocates already made, by turning to the Transactions, pages 34–5–6. And if he will attend the meeting in Detroit during the first week in June, he may enjoy the great pleasure of listening to a public address on Surgery by Prof. Gross, himself.

The only important item of "reorganization" mentioned in the *Record*, which is not already adopted and in practical operation, is that in relation to the election of delegates; and for this, the necessary constitutional amendments were proposed, in due form, at the meeting in St. Louis, and are ready for adoption or rejection at the next meeting. Now, will the editor of the *Record* meet us in Detroit and give us his vote on their adoption? If so, we are sure he will not only get himself better posted concerning the doings of the Association, but he will find very much less to complain about than heretofore.

For proposed amendments, see Transactions, page 44.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The next annual meeting of this Society is to be held in Detroit, Monday evening, June 1st, 1874, the evening before the commencement of the session of the American Medical Association. The objects for which the Association of Medical Editors was formed were good, and of sufficient importance to justify the organization. But thus far the number of those connected with the medical press who have attended the meetings, has been so limited as to defeat altogether the most important of these objects. We hope a larger attendance will be present, in Detroit. If not, it is questionable whether the Association should be perpetuated.

CHICAGO MEDICAL COLLEGE.—At the recent annual meeting of the Trustees of the College Dr. Thos. S. Bond was appointed Professor of Descriptive Anatomy, in the place of Prof. H. W. Boyd, resigned. Prof. H. P. Merriman was transferred to the Chair of Medical Jurisprudence, made vacant by the resignation of Prof. R. J. Patterson. Prof. W. S. Haines was appointed Professor of Organic Chemistry and Toxicology, in the place of Prof. Merriman, transferred. Dr. Charles L. Rutter was appointed Demonstrator of Anatomy, in place of Dr. T. S. Bond, transferred.

The summer course is now in progress, and well attended.

OBSTRUCTIONS OF THE RECTUM BY UTERINE TUMORS. — This subject was considered at the Surgical Society of Paris in October.

Fibrous uterine tumors occasion intestinal obstructions more frequently than is generally supposed; they have yielded in some cases to maneuvers made externally to effect the displacement of the tumor. Cases were quoted of obstruction of the intestines by these uterine tumors, and one where death resulted as much from the obstruction as from peritonitis. Intervention by operation is rare, on account of the risk of peritonitis; but M. Gueniot recommends colotomy, if other curative measures fail.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

MEETING OF APRIL 13TH, 1874.

Reported by Plym. S. Hayes, M.D.

THE Society met as usual in the parlor of the Grand Pacific Hotel, the President in the Chair.

Drs. W. H. Warn, Ralph E. Starkweather, and E. P. B. Wilder, were unanimously elected to membership.

The names of Drs. Wm. A. Harvey, G. H. Chapman, and W. M. Rofe, were proposed for membership.

Drs. Jackson, Etheridge, Merriman, and Fisher, read reports on cases of uterine fibroid tumors treated by hypodermic injections of ergotine. Dr. Jackson read reports of five cases, two of which were from hospital, and three from private practice. The tumors were intramural in the first four cases. The tumor had disappeared in one case, and in two others they are greatly diminished in size. In the first case the tumor remains about the same; but the profuse hæmorrhages, from which the patient suffered, have been diminished both in frequency and amount. The tumor was subperitoneal in the fifth case. As there was no diminution in the size of the tumor after the fifty-second injection, the treatment was discontinued.

The region of the deltoid was advised as the site for the injections, rather than the walls of the abdomen over the tumor: because the effect seemed to be as well-marked, and the operation less painful, when done in the arm. The treatment was commenced, in one case, by injections, and continued by administration of the same remedy by the mouth; the rate of diminution of the tumor being the same after the change in the mode of administration.

The following solution was preferred to that employed by Dr. Hildebrandt, as the latter produced a precipitate: Extract of ergot, 50 grains; water, 250 minims; filter, and add enough water to make 300 minims.

Dr. Etheridge reported the following case: M. B., age sixteen, had retroflexion of the uterus, and a small subperitoneal tumor of the anterior wall. The diagnosis was confirmed by Drs. Gunn and Miller. For eight weeks, nitric acid and nitrate of silver had been applied to the os, with no preceptible result. Hypodermic injections of ergotine were then used for forty days, at the end of which time no tumor could be discovered. The painful menstruation, from which the patient had suffered before this latter treatment, was entirely relieved.

Dr. Merriman reported three cases: In the first, an intramural tumor was found in the anterior wall. The treatment by ergot was continued every

other day for three months, when the patient was discharged cured. In the second case, a subperitoneal pediculated fibroid tumor was attached to the anterior wall of the uterus. The patient's health has been improved by the use of ergot, and the growth of the tumor checked. The patient is still under treatment. In the third case, H. M., aged twenty-eight, and single, complained of pain in the right side and back; the bowels are regular; the menstruation is also regular, but the discharge is scanty. The tumor, diagnosed as intramural, is gradually disappearing under treatment.

Dr. Fisher read details of the following case: The patient, aged forty-seven, had retroversion of the uterus, and an intramural fibroid, which extended half way to the umbilicus. The uterus was replaced in nearly its natural position, and at two P.M. of February 4th, the injection of ergotine was commenced, and continued at the same time every day for twenty-four consecutive days, at which time the menstrual period recurred, and the injections were omitted. After this the ergotine was again used, hypodermically, for five days, and afterward given by the mouth. An examination was made in March, when the tumor was found to have disappeared, and the uterus to be in a normal condition.

In all of the above cases the use of the ergotine was discontinued during menstruation.

In reply to the question, What is the physiological action of ergotine, that causes these growths to disappear? Dr. Jackson said that the remedy acted upon the fibres of the uterus, producing contraction, which in turn causes the absorption of the neoplasm. He could not explain why the subperitoneal tumors were absorbed.

Dr. Etheridge thought there might be an action similar to that producing a cure in aneurisms, when injections of ergotine were used.

Dr. Hay thought that the drug acted directly on the arterioles and capillaries, contracting them, and preventing nutrition. The contraction of the uterine fibres was secondary to, and dependent upon, the primary or direct action.

Dr. Peck related a case in point: The patient, a lady subject to angina pectoris, was suffering from chronic metritis, accompanied by a saneopurulent discharge, for which ergotine injections were used with benefit; but they had to be discontinued, as they produced recurrent attacks of the angina.

Dr. Jackson wished to know if there was any good reason for discontinuing the use of ergot during menstruation. He had in one case, not knowing that the patient was menstruating, exhibited the drug, during the early part of the period, with no ill effects.

Dr. Emmons reported the following case: The patient, aged forty-five, had had three children; the youngest was born eleven years previously. An examination showed that there was a fibroid tumor of the anterior wall and neck of the uterus, extending to the umbilicus. The depth of the uterine canal was six and one-half inches. The menstrual flow was very profuse, and the patient was in an exsanguinated condition. For three months prior to the first visit the patient was confined to her bed. December 31st he commenced the

hypodermic use of ergotine, and has continued it to the present time without intermission. He administered the remedy during menstruation to prevent the excessive loss of blood. The tumor has not diminished, but the hæmorrhages are much less severe, and the patient is so much better that she is enabled to sit up half of the time.

Dr. Hay suggested that, as a rule, ergot should be used in these cases during menstruation, when that function became pathological, and discontinued when it was physiological.

Dr. Hollister spoke of the influence of ergot on the vaso-motor nerves, and mentioned its effect in cerebro-spinal meningitis, in proof of the statement. The following symptoms were noticed: after one drachm of ergot had been given, in meningitis, every two hours, for twenty-four hours, the cutaneous exanthem entirely disappeared; the pupils, from being greatly dilated, became normal in size; the pulse, which before its administration was 120 in a minute, irregular and thready, was reduced to 95, and without irregularity; and, finally, the intellection was clearer.

Dr. Powell said that in a case of aneurism of both popliteal arteries, that of one side was cured by digital compression, and that of the other was treated one month by injections of ergotine without result. He also stated that the use of ergotine in fibroids had not met with encouraging success in the Woman's Hospital in New York City.

Dr. Hollister mentioned that the excessive and continued use of ergot produced gangrene.

Dr. Hay thought the action of ergot in progressive locomotor-ataxia and fibroids was identical. The pathological condition found in both was due to the abnormal development of fibrous tissue, in the one case in the spinal cord, and in the other in the uterus.

Dr. F. H. Davis presented pathological specimens of a kidney, with ureter attached, which latter was of the size of a small intestine; and a section of a heart, to which the pericardium was adherent, a layer of calcareous material uniting the two. He read the report of the case from advance sheets of THE EXAMINER.

Dr. Emmons exhibited a uterus taken from the body of a woman supposed to have died from an induced abortion, which supposition, however, was proven to be incorrect, on *post-mortem* examination. The hour was so late that the case was not discussed.

Dr. Wilder requested permission to make a nomination for membership, and, on receiving it, nominated Mrs. A. P. Kent, M.D. After a short discussion, Dr. Powell made the following motion:

Resolved, That it is the sense of the Society, that female physicians are not eligible for membership.

A motion of Dr. Merriman, to lay the resolution on the table, was lost, and the orginal motion carried.

The Society then adjourned.

DEWITT COUNTY MEDICAL SOCIETY.—This Society met in annual session, at the office of Dr. W. W. Adams, in Clinton, on Tuesday, the 14th day of April, 1874. There was a good attendance, and the proceedings were very interesting.

The election of officers being in order, the following gentlemen were elected for the ensuing year:

President, T. K. Edmiston, M.D.; *Vice-President*, J. J. Lake, M.D.; *Secretary*, C. Goodbrake, M.D.; *Treasurer*, John Wright, M.D.; *Censors*, Drs. W. W. Adams, W. G. Cochran, and Z. H. Madden.

Delegates to the Illinois State Medical Society—Drs. John Wright, J. S. Miller, and F. H. Tatman.

Delegates to the American Medical Association—Drs. J. H. Tyler, and J. J. Lake.

C. GOODBRAKE, M.D.,
Secretary.

Microscopical Memoranda.

COLLATED BY LESTER CURTIS, M.D.

HAIR, IN ITS MICROSCOPICAL AND MEDICO-LEGAL ASPECTS.—Dr. E. Hofman, in the December number of *The Lens*, calls attention to this important but too much neglected subject.

A question of the greatest moment may arise as to whether certain hairs are from brutes or men, and, if from men, from what part of the body they come.

He first describes the well-known appearance of a hair, which consists of three layers, the outer, or cuticular layer, composed of one layer of cells lying over the other, like tiles on a roof; the second, or cortical portion, consisting of closely packed spindle-cells, which can be separated by the action of dilute sulphuric acid; and the third, or central medullary portion, sometimes absent. The cortical substance contains the coloring matter of the hair, diffused among its cells. Cavities filled with air are found in it, especially in dry hair, and in that of old persons; these cavities are not found in the hair of young persons.

The medullary portion, when well developed, is about one-fourth the diameter of the hair. Dr. Hofman considers this substance to be made up of cells, although there is a difference of opinion on the point; it is frequently interrupted, and contains *no* pigment, the supposed pigment-granules being minute air-bubbles. The medullary substance is often wanting, particularly in blonde hair; it is never present in woolly hair, or in the hair of the new-born child; it is more constant in hair from other parts of the body than in that from the head.

In medico-legal cases, the question might arise whose the hair was; and from what part of the body it came. The first question must be decided by comparing both the gross and microscopical appearance with that of the person concerned. In deciding to what part of the body the hairs belong, the length, the size, the form, and the root of the hair, must be noticed. The hair from the head and beard are less limited in length than the hair from other portions of the body, although circumstances may modify the length. The size of the hair differs in different parts of the body, and may form a diagnostic mark. The beard is the thickest, generally measuring 0.14 to 0.15 mm. (.056 to .059 inch); next comes the hair on the female genitals, 0.15 mm.; then the hair of the eyebrows, 0.12 mm.

(.047 inch); the hair about the male genitals, 0.11 mm. (.043 inch); finally, the hair from the head, in either sex, 0.06 to 0.08 mm. (.023 to .031 inch). The other individual differences may render the value of the size for diagnosis less reliable; and the same hair may vary in diameter in different parts.

Hair of the head is generally round; but when it is curly it is flattened; the transverse section is then oval. The beard is generally triangular, on section, with one convex side. Hair from the genitals is generally oval, sometimes, however, it is triangular, with one convex side. Hair which has been exposed to sweat is sometimes swollen in one part, and so changed in form.

When the hair grows undisturbed, it ends in a fine point; all the hair of a young child is of this kind; so, too, the hair which begins to grow at puberty. This may be a guide as to the age of a person. Hair which has been cut has, at first, a sharply-defined transverse section; it afterwards becomes rounded and smaller, or frayed out. This may point to the time which has elapsed since the hair was cut. The beard, being less frequently cut, is more often split and frayed out. The hair of the female is also generally frayed at the ends.

The shape taken by the ends of the hair depends upon the action of friction and sweat, the former splitting and rubbing off the ends, the latter dissolving the connective substance. The sweat changes the color of the hair, as in the axilla, on the scrotum, and labia

The hair of animals usually differs greatly from that of man, though preserving the same general structure. The cuticula has, in most animals, absolutely and relatively larger cells. The medullary substance differs greatly from that in human hair, the cellular structure being usually evident without any reagent.

THE DETECTION OF BLOOD BY THE SPECTRUM MICROSCOPE.—In a recent number of THE EXAMINER we described a method of detecting blood by the use of an alcoholic solution of guiacum, and an ethereal solution of peroxid of hydrogen (ozonic ether). Sometimes, however, the amount of blood is so minute that this process will not be applicable; in such cases the spectrum microscope may be used, as described by Mr. Sorbey, in Guy's Hospital Reports for 1869-70. If there be not too little, he soaks a small piece of the stained fabric in a few drops of water, in a watch-glass; he then squeezes out the liquid, and allows it to stand for a short time in the glass, in order to deposit any insoluble matter, and then pours it into the cell which he uses for examining spectra. These cells are made of an ordinary piece of barometer tubing, having an internal diameter of one-eighth to one-tenth of an inch, and a length of one-half to three-quarters of an inch. One end of this tube is connected to a slip of glass, like an ordinary cell for examining liquids. If the stain which is being examined is a fresh one, it shows the spectrum of fresh blood, which has two well-defined lines in the green. If, however, the blood has been exposed some time to the action of the air, these lines will be fainter, and another would be seen in the red. The relative distinctness of these lines shows the age of the stain; but in forming the conclusion it is necessary to know the circumstances; for the sulphurous acid in the air of towns will cause more change in one day than the pure air of the country will in a week.

In order to make the result more certain, it is well to examine the spectrum after the action of the reagents. If a bit of citric acid, about one-fiftieth of an inch in diameter, is added to the fluid in the cell, the bands will disappear, and will not be restored by addition of ammonia. Scarcely any other coloring matter will be effected in this way. After the addition of the citric acid, and the *excess* of the ammonia, if a piece of sulphate of protoxide of iron, not above one-hundredth of an inch in diameter, be added to the cell, a very

characteristic spectrum of deoxidized hæmatin will be seen. This spectrum shows an absorption-band in the green, with a second fainter band near the blue end. It is necessary, in obtaining these results, to avoid exposing the substances in the cell for any length of time, to the air, by filling the cell full, and cementing a thin glass cover on its top with marine glue.

If the blood falls on leather, or any substance containing tannic acid, it may be impossible to detect the coloring matter by this method, although present in considerable quantity, as the tannic acid precipitates the coloring matter. Sometimes, however, by cutting a thin shaving of the leather, and dissolving off the blood, avoiding as much as possible wetting the leather, and then proceeding as before, blood may be obtained which has not been acted on by the tannin, and the spectrum seen. By this method he claims to be able to detect as little as one-thousandth of a grain of blood.

He also uses the same method for the detection of blood in urine, except that he uses a tube one-fourth of an inch in diameter and ten inches long. A drop of blood in a pint of urine will give a distinct spectrum.

PSEUDO-MUSCULAR HYPERTROPHY.—The *Philadelphia Medical Times* contains a translation of an article on this subject. After describing the usual symptoms and course of the disease, and the microscopic appearance as being simply an atrophy of the muscular fibre, accompanied by an enormous increase of the interstitial fatty and connective tissue, the writer passes on to the consideration of four cases, which, though presenting some points of similarity, were in others markedly different from the ordinary course of the disease. In each of these cases the disease was consequent upon an injury. The functional derangements were not so marked as in typical cases: in place of being totally lost, the power of motion was only diminished. The microscope revealed, in each case, what appeared to be a true hypertrophy of the muscular fibres, without excessive growth of the interstitial connective tissue. From this it would seem that the hypertrophy spreads from the muscle to the connective tissue, and the hypertrophied connective tissue, pressing on the muscle, causes atrophy afterwards. Schlesinger, however, reports a case of a man with mental disease, in whom some of the muscles were hypertrophied. The microscope showed the muscular tissue much diseased, but in them there was no hypertrophy of the muscular fibre. Whether the process is a simple inflammation, or what is its nature, is not known.

EPISCLERAL MELANOTIC SARCOMA.—Dr. H. C. Markham reports, in the *Medical Record*, a case of a melanotic sarcoma occurring as a primary tumor, and growing from the "upper and inner margin of the cornea. Aside from its history and color, it bore a resemblance to a pterygium." It was confined to the sclerotic entirely. An attempt was made to dissect it out; but as it returned persistently, the eyeball was enuncleated. Subsequent to the operation, a "small bluish tumor, about the size of a grain of corn, and situated on the inferior surface of the supraorbital plate," appeared. This was removed, and the surrounding tissues thoroughly cauterized. After a year the tumor had not re-appeared.

The only other case of the kind known to the writer, was one reported by D. H. Knapp, of New York city.

FATTY DEGENERATION OF THE HEART IN WOMEN DYING SUDDENLY AFTER DELIVERY.—Dr. Philipps reports five cases of sudden death in women, soon after delivery, in none of whom had there been the loss of more than a small quantity of blood. Fatty degeneration of the heart was found in each of the cases.—*Schmidt's Jahr.*

Gleanings from Our Exchanges.

SPASMODIC ASTHMA TREATED BY CHLORAL.

From the London Lancet.

AT a meeting of the Clinical Society of London, Dr. Theodore Williams brought forward three cases. The first was that of a married woman, aged twenty-three, who came from the Isle of Man, where, during the last nine months, she had suffered from asthma, of so severe a character as to confine her to her bedroom for four months. Various remedies had been tried in vain. On her arrival in town, Dr. Williams did not at first pursue active treatment, hoping that the change of climate might give relief. The fit, however, coming on as usual, chloral was given in twenty-grain doses. After the first dose she fell asleep for an hour; after the second she slept a whole night; and a few more rendered her breathing quite clear. The drug was then omitted, and the patient remained free from asthma for more than a week.

The second case was that of a lad, aged sixteen, who had been subject for six years to attacks occurring once a week and lasting three days. Chloral was given during a severe paroxysm, with the result of causing sleep and immediate relief to the breathing. He remained in the Brompton Hospital free from attacks, in spite of several threatenings of dyspnœa, which were always averted by the timely administration of chloral. The third patient was an unmarried woman, aged twenty-seven, with a history of asthma of two years' standing, the attacks occurring every morning, lasting two or three hours, and often recurring in the forenoon. During a very severe one, which occurred in the Brompton Hospital, a variety of drugs were tried, with little effect. Chloroform inhalation gave some relief, but caused cardiac intermission. Hypodermic injection of morphia did good, but her increasing lividity precluded its continuance. Chloral was then given, in twenty-grain doses, and the first dose induced slumber and easy respiration. The drug was continued, in smaller doses, for upwards of two months, during which time the attacks seldom recurred, and when they did so, were extremely mild. Once the chloral was omitted, and the asthma immediately returned, but ceased on resuming it.

All the cases were complicated by catarrhal symptoms; and in the third case there was considerable emphysema, which diminished during the patient's stay in the hospital. Biermer, of Zurich, had already used chloral extensively in these cases. Dr. Theodore Williams' own experience, founded on upwards of twenty cases, was decidedly favorable to the use of the hydrate of chloral in spasmodic asthma. In only two cases had any untoward symptoms arisen.

A NEW OPERATION FOR CLEFT PALATE.—On Saturday, 22d November, Sir William Fergusson, in operating on two patients for the closure of the opening in the hard palate, after the cleft in the soft palate had been closed, adopted a modification of a procedure which is intended to increase the chances of success of the operation. Sir William remarked that in the so-called Langenbeck operation—that is where muco-periosteal flaps are taken from the roof of the

mouth and drawn towards the middle line — the proceeding is often unsuccessful from the fact that, after some time, the granulations which are thrown out on the upper surfaces of the displaced flaps contract and separate the union that may have taken place between the pared edges of the flaps. It is true, he observed, that some assert that bony matter is deposited on the upper surface, and that this diminishes the size of the aperture in the osseous palate. But, in demurring to this, Sir Willim said he thought it was hardly possible to strip off healthy periosteum from the subjacent bone. He proposed therefore, as a remedy, that in addition to making the ordinary incisions for the flaps, the hard palate should be split, on each side of the opening, with some sharp cutting instrument, and that the two pieces of bone should be pressed towards the middle line, and the pared edges of the soft tissues then be brought together. By this means the central opening would be closed, but two lateral apertures would be formed. But inasmuch as the lateral openings would be but half the size of the original central one; and as there would be more likelihood of the fractured edges of bone throwing out osseous material for its repair, it was hoped that the prospect of a successful issue would be greatly enhanced.

It remains to be seen what will be the result of this ingenious device; but on the first blush it appears that by its adoption a means is offered of surmounting one of the most obstinate difficulties of plastic surgery.—*London Lancet.*

THE PRODROMAL STAGE OF CHOREA. — This period, Dr. Schmitt (*Memorab.*, XVIII., pt. 3, 1873) says, most often escapes the notice of the physician, who in the majority of cases is not consulted until the disease has clearly shown itself. The period is characterized by disturbances, which are confirmatory of the opinion held by Dr. Betz, that chorea is an affection of the central nervous system, particularly of the spinal cord and its membranes. These disturbances are chiefly those resulting from spinal irritation. There is pain on pressure upon the spinous processes, especially in the lumbar and dorsal regions. The patient complains of rheumatic pains in the shoulder and neck; pains in the head are less often mentioned; itching about the anus and nose, which often leads to the suspicion that the patient is suffering from threadworms. There are also symptoms of irritation of the cardiac nerves; general lassitude, unsteady walk; at times there are flashes of light before the eyes; the patient is unable to read or to fix the eyes for any length of time upon one object. The nights are sleepless, disturbed by painful dreams; during the day the patient is subject, without any cause, to severe fits of terror. In one case this stage lasted sixteen days. These symptoms are certainly those of anæmia, depending upon tuberculosis, scrofula, deficient nutrition, or the coming on of menstruation. Dr. Schmitt directs his attention to the treatment of the anæmia by ferruginous preparations and tonics, and has the back rubbed with an ointment containing opium and oxide of zinc. —*Obstet. Jour. of Great Britain and Ireland.*

BURNING THE DEAD.—The polite term for this practice is "cremation," or "incremation." Sir Henry Thompson's paper upon it, to which reference was made a few weeks ago, has been translated twice into German; once in Cologne, and once in Gratz, in Austria; in the latter case, with an introductory by Dr. Kœpl, formerly physician to the late King of the Belgians. In consequence of this joint publication, the Communal Council of Vienna has adopted, by a large majority, the proposal of one of its members, to establish in the cemetery the necessary apparatus for cremation, the use of which will be optional and open to all. Following this, the Communal Council of Gratz, which contains a population of one hundred thousand, has decided to consider a

like proposal. A veritable agitation of the question has arisen in both places.

In New York city, also, according to a recent dispatch, there are a number of persons zealously in earnest in the effort to introduce the practice of burning the dead, instead of burying them. These gentlemen held a meeting at the office of Dr. Sexton, with a view of perfecting arrangements, either for a large meeting or for some other form of demonstration.—*Phil. Med. and Surg. Reporter.*

Powdered Coal-tar for Wounds.—M. Magnis-Lahens, of Toulouse, adds charcoal to the coal-tar (33 per cent. of the latter), and thus obtains a light and porous powder, which does not irritate wounds, and which is easily washed off with cold water. This combination is a very useful mixture of two antiseptic substances. The charcoal absorbs the gases formed by fermentation, coagulates the albumen, and prevents its decomposition, thus effectually assisting the carbolic acid contained in the coal-tar. Some wounds do not bear powdered applications; for these, 100 parts of the powdered coal-tar should be allowed to macerate for some hours with 400 parts of spirit, and filtrated. The spirit should be of only 18 degrees Cartier, as a stronger would dissolve the resins. As coal-tar principally acts through the carbolic acid it contains, the above-mentioned maceration may be replaced by the following solution: Crystallized carbolic acid, 1 part; spirit (at 18 degrees Cartier), 99 parts. This solution is cheap and very effectual.—*London Lancet.*

Treatment of the Acute Stage of Blenorrhagia by Haschish and Benzoic Acid.—M. Dr. Lamarre (de St.-Germain de Laye) thinks with reason (*Traite des maladies veneriennes*) that there should be no recourse to the abortive treatment of blenorrhagia after twelve or twenty-four hours, when the discharge has become opaline, or purulent, and is accompanied with pain and engorgement behind the navicular fossa. On the other hand, he recognizes the great efficacy of copaiba after the inflammatory period. But we are thus disarmed of any remedy, while the disease is still subacute, for, with the exception of leeches, which few patients will permit to be employed, the baths, applications, camphor, lupulin and bromide of potassium are almost without result.

To supply this deficiency in practice, M. Lamarre has used successfully, for the past seven years, the tincture of haschish in two gramme doses, and benzoic acid, one gramme to be taken in twenty-four hours in some mucilaginous julep.

After six days of this treatment the pain subsides, even during micturition, and patients are better than if they had commenced treatment with cubebs or copaiba.—*Journ. des. conn. med.—Gazette des Hopitaux*, March 5. 1874.—*The Clinic.*

Nasal Polypi.—At the last clinical meeting of the Medical Society of London, two very large polypi were exhibited by Mr. Mason. They had hung down behind the velum, and he had taken them with a pair of forceps, and by a slight tug pulled them out. The pedicle was a mere thread. Mr. Mason thought the removal of such growths much less dangerous than is usually believed. Dr. Prosser James concurred in this opinion, and distinguished between these growths and others which had extensive and firm attachments. He dwelt on the importance of rhinoscopy, which, he said, served to detect polypi when they were quite small, and therefore to subject them to treatment. He further insisted on the importance of treatment by local applications, made by the aid of the rhinoscope, by which he had applied both fluids and solids. Such treatment after an operation would also prevent recurrence, and he expressed some surprise that Mr. Mason had not employed this simple preventive measure.—*The Medical Press and Circular*, March 11, 1874.

TREATMENT OF DIPHTHERIA BY CAUTERIZATION.—At a recent meeting of the Medical Society of Nantes, Dr. Thibault related the particulars of an epidemic of diphtheritic angina, in which the employment of cauterizations, with a solution of nitrate of silver, were eminently successful. Dr. Thibault had made use of a solution containing five parts of water to one of nitrate of silver, which he applied to the diseased parts by means of a sponge, after having previously removed the false membranes. These cauterizations, performed with great care and energy, were renewed daily, or every other day, until the membranes became favorably altered, changing from the thick grayish membrane to a soft milk-while one. About three successive cauterizations were employed in each case. Alum was blown on the parts, or used as a gargle, during the intervals. Thus, out of 195 cases of diphtheria observed during the epidemic, there were only 38 deaths, 22 of which were due to the existence of croup. Eight cases of croup recovered; and out of 158 cases of diphtheric angina there were only seven deaths, notwithstanding the extreme gravity of the epidemic, as illustrated by the frequency of consecutive paralysis. It is needless to insist on the importance of the above figures. They show the valuable results of cauterization, which was so warmly advocated by Trousseau and Bretonneau, and which, since, has been much less employed. The use of these cauterizations is indicated, says Dr. Thibault, whenever the false membranes can be easily reached, and, consequently, can be destroyed or modified. They can be easily reached in the pharynx, and their extension downward prevented. It is the difficulty or impossibility of reaching them when they have involved the larynx and trachea which explains the failure of cauterization in croup.—*London Lancet.*

Two fatal cases of pyæmia, following the extraction of teeth, have recently been reported by Dr. Langi.

CÆSARIAN SECTION WITH THE ELASTIC SUTURE IN THE WALLS OF THE UTERUS.—The woman upon whom this operation was practiced, was a rachitic patient, excessively deformed, with considerable contraction of the pelvis. She became pregnant at the age of thirty, and the pregnancy, being normal, experienced such insurmountable difficulties in labor, that M. Silvestri (Vicenza) decided to perform Cæsarian section. He operated by the method of Salegres, and the child was withdrawn from the uterus by the presenting arm. An elastic ligature was applied to a severed uterine artery, and four ligatures of the same nature served to unite the walls of the womb. The consequences of the operation were very light, and the patient left her bed on the twenty-fourth day. The child lived.

The author strongly recommends the use of the elastic ligature, which he has thus employed for the first time. By virtue of its elasticity, it follows the uterus in all its movements, and thus maintains its walls in permanent contact.—*L'Osservatore Gazetta delle cliniche*, Nov. 18, 1873. —*Le Progres Medical*, Feb. 21, 1874.

LOCAL APPLICATIONS IN NEURALGIA.—*Chlorform.*—Dr. Dupuy speaks very highly of this remedy, used as follows: A pledget of lint, moistened with chloroform, is to be applied to the painful locality, and retained in position a longer or shorter time, depending upon the age, sensitiveness, etc., of the patient, and the part operated upon. Usually, half a minute to five minutes is sufficient, and the application may be renewed from one to a dozen times. Dr. D. states that recent and superficial neuralgias yield to one or two applications, and that even in severe sciatica of long standing, he has never been obliged to make more than twelve.

Blisters to Apophysal Points.—The constant presence of such points in neuralgias, as shown by M. Armaingault, has led to the use of blisters, applied in their immediate neighbor-

hood, with very satisfactory results. In cases of facial, intercostal, lumbo-abdominal, and sciatic neuralgias, even when of the most persistent character, and rebellious to other forms of treatment, this plan has been found effectual. — *L'Union Medical*, Nos. 19 and 20, 1874.—*Philadelphia Med. Times.*

INCONTINENCE OF URINE. — Dr. Thomas Kennard, of New York, uses the following ointment in the treatment of this disease: Sulphate of atropia, ten grains; veratria, ten grains; hog's-lard, twelve drachms. By rubbing the perineum three times daily with the ointment, in three cases of paralysis accompanied by incontinence of urine, Dr. Kennard obtained a complete recovery at the end of a few days.—*The Clinic.*

ON a patient suffering of tænia, Dr. Brei, of David's Island, N.Y., proposed to destroy the worm by the use of carbolic acid; but as the solution ingested proved irritating, it was administered in the shape of a pill with licorice powder coated with parafine, to admit of its solution only after reaching the intestines, when, by following with a laxative of rhubarb and jalap, the animal was completely passed on the third day.—*Allg. Wien. Med. Zeit.*

PRESENCE OF LEAD IN THE BRAIN. —M. Trosier (*Le Mouvement Medicale*), while making a chemical analysis of the brain of a patient who had been a worker in lead for more than thirty years, but had never presented any signs of brain disease, discovered well-marked traces of the metal.

AMERICAN MEDICAL ASSOCIATION

PHILADELPHIA, 1400 PINE ST., S. W. COR. BROAD.

THE Twenty-fifth Annual Session will be held in the city of Detroit, Mich., on Tuesday, June 2d, 1874, at 11 A.M.

"The Chairman of the several sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective sections. * * *"—BY-LAWS, Art. II., Sect. 4.

SECTIONS.

Practice of Medicine, Materia Medica, and Physiology.—Dr. N. S. Davis, Chicago, Ill., Chairman; Dr. George E. Frothingham, Ann Arbor, Mich., Secy.

Obstetrics, and Diseases of Women and Children.—Dr. Theophilus Parvin, Indianapolis, Ind., Chairman; Dr. Montrose A. Pallen, St. Louis, Mo., Sec'y.

Surgery and Anatomy.—Dr. Sam'l D. Gross, Philadelphia, Pa., Chairman; Dr. Alonzo Garcelon, Lewiston, Me., Sec'y.

Medical Jurisprudence, Chemistry, and Psychology.—Dr. A. N. Talley, Columbia, S. C., Chairman; Dr. E. Lloyd Howard, Baltimore, Md., Sec'y.

State Medicine and Public Hygiene.—Dr. A. Nelson Bell, Brooklyn, N. Y., Chairman; Dr. A. B. Stuart, Winona, Minn., Secretary.

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent to examine them with care, and, with the advice of the Chairman of his section to determine the time and order of their presentation, and give due notice of the same. * * *"—BY-LAWS, Art. II., Sect. 5.

The following Committees are expected to report:

On the Cultivation of the Cinchona Tree.—Dr. L. J. Deal, Pennsylvania, Chairman.

On the Treatment of Fractures.—Dr. Lewis A. Sayre, of New York, Chairman.

On Gynæcology.—Dr. M. A. Pallen, Missouri, Chairman.

On some Diseases Peculiar to Colorado.—Dr. John Elsner, Colorado, Chairman.

On Rank of Medical Corps of the Army.—Dr. J. M. Keller, Kentucky, Chairman.

On Prize Essays.—Dr. G. K. Johnson, Michigan, Chairman.

On the Progress of Otology.—Dr. D. B. St. John Roosa, New York, Chairman.

On American as Compared with Foreign Winter Cures.—Dr. H. R. Storer, Massachusetts, Chairman.

On Railroad Injuries.—Dr. W. F. Peck, Iowa, Chairman.

On the Therapeutics of Ammonia.—Dr. P. J. Farnsworth, Iowa, Chairman.

On the Relations of Physiology to the Practice of Medicine.—Dr. E. W. Gray, Illinois, Chairman.

On Puerperal Fever.—Dr. W. O. Smith, Kentucky, Chairman.

On the Legal Relations of Moral Insanity.—Dr. E. Lloyd Howard, Maryland, Chairman.

The following amendments to the Plan of Organization are to be acted upon:

By Dr. N. S. Davis, Illinois: Strike out the second paragraph of Art. II., and insert the following: "The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy of the United States." Also, strike out the fourth paragraph of same Article, and insert, "Each State, County, and District Medical Society, entitled to representation, shall have the privileges of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number.

"The Medical Staffs of the Army and Navy shall be entitled to four delegates each."

By Dr. B. Pineo, of Massachusetts: Art. II., second paragraph after "Army and Navy," insert "and the Marine Hospital Service of the United States." By-Laws, Sect. 6, after "the chiefs of the bureaus of the Army and Navy," insert "and the supervising surgeon of the United States Marine Hospital Service."

By Dr. E. L. Howard, of Maryland: Art. IV., strike out second clause of first paragraph, and insert, "They shall be nominated by the Judicial Council, and shall be elected by vote on a general ticket."

By Dr. A. S. Maxwell, of Iowa.—"*Resolved,* That in view of the many and important duties imposed upon the Nominating Committee, the Medical Society of each State and Territory that elects delegates be requested, when selecting delegates, to nominate one member of such delegation as their member of the Nominating Committee; and also designate the mode of filling vacancies."

By Dr. A. M. Pollock, of Pennsylvania: Art. VI., first paragraph, strike out the word "five" and insert "ten." By-Laws, Art. V., first paragraph, strike out "five" and insert "ten."

Secretaries of all Medical organizations that have adopted the Code of Ethics are respectfully requested to forward to the undersigned a complete list of their Officers, with their Postoffice addresses, and the number of their members in good standing. This is the only guide for the Committee of Arrangements in determining as to the reception of delegates.

It will also enable the Permanent Secretary to present a correct report of the Medical organizations in fellowship with the Association.

WM. B. ATKINSON, M.D.,
Permanent Secretary.

THE

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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

MULTILOCULAR DISEASE OF THE LEFT OVARY.—EXTENSIVE ADHESIONS.—OVARIOTOMY.—DEATH FROM SHOCK.

BY A. REEVES JACKSON, M.D., SURGEON-IN-CHIEF OF THE WOMAN'S HOSPITAL OF THE STATE OF ILLINOIS, ETC.

CATHERINE W., aged forty-seven years, unmarried, was admitted to the Woman's Hospital August 23d, 1873, and gave the following history:

She commenced menstruating at the age of fourteen, and the function was regularly and painlessly performed down to the age of thirty-eight, when it ceased to recur with regularity. During the following year, the flow appeared only at intervals of two and three months. At thirty-nine it ceased, and was absent for three years, during which time her health was excellent. Nearly five years ago she had an attack of bilious fever, which lasted four weeks. This was followed by a sanguineous discharge, which seemed to her like menstruation. She saw no return of it, however, until a year later, when a similar flow followed another attack of bilious fever. In the latter part of the year 1870, she had an illness which was pronounced congestion of the liver, during which she experienced pain along the edge of the ribs on the right side, extending over to the left, and also a pain which seemed to pass from the umbilicus through to the spine. At the same time, the abdomen increased in size, the enlargement being general, and not more in one part than another. This enlargement, and the pain in the hepatic region, lasted several weeks, and then together they passed slowly away. On the subsidence of the abdominal swelling, both her medical attendant and herself discovered a "cake-like"

tumor in the right ovarian region. It was "not round like an orange, but flattened, with uneven edges."

In February, 1872, she had another slight attack of fever, followed by several sanguineous discharges at irregular intervals, some of them lasting three or four days, and one of them a full week. Each of these hæmorrhages was preceded by pain, or rather a feeling of soreness, referred chiefly to the right ovarian region, and increased by certain movements of the body, as turning in bed, etc.

The tumor itself, although at times slightly tender under pressure, has never been the seat of pain.

Within the past eight months the abdomen has steadily and rapidly enlarged. In the latter part of last December she felt a good deal of soreness in the left side, followed by a sanguineous discharge, which was the last she has seen. Her health, latterly, has rapidly failed, and she has become very feeble. She has not been able to walk, both on account of debility and of a feeling of pressure about the left groin when she is on her feet. Her appetite, however, has been good; and her bowels have acted regularly.

Present Condition.—The patient is a tall woman, of large frame, but greatly emaciated. Her complexion is sallow; and her countenance presents the peculiar expression so frequently observed in persons with advanced disease of the ovaries, and which Mr. Spencer Wells has called the "*facies ovariana*." The tongue is clean and smooth; pulse 120, small, feeble, and regular. The feet and ankles are œdematous. Moderate exertion causes rapid breathing. The abdomen is very much enlarged, measuring forty-five inches in c cumference. The enlargement is n uniform, some portions being mu more prominent than others. The is dullness on percussion everywhe except in a part of the right hyp chondriac and right lumbar regio Palpation shows the existence of irregular tumor, extending from t brim of the pelvis to the ensifor cartilage, and passing under the ed of the left ribs, causing considerab bulging of the thorax on that sid On the right side it extends to a lev with the edge of the false ribs. Ov the right ovarion region there is distinct roundish nodular projectio about the size of a cocoa-nut, whic the patient identifies as the origin tumor. To the left of it, and occu pying a position near the media line of the body, are two smaller nod ular projections. The great mass the tumor, however, inclines to th left side. Fluctuation is evident, i varying degrees, in all parts of th tumor, and there is no tenderness i any part of it. The uterus is found to be normal as to position, size and depth of cavity.

The diagnosis is multilocular disease of one or both ovaries.

The diagnosis having been subsequently confirmed by the other members of the hospital staff, and by Prof. J. W. Freer and Dr. Chas. G. Smith, of the Consulting Board, an operation was recommended as the only means of relief; and the patient, after being made fully aware of its dangerous character, and after consultation with her friends, decided to avail herself of this last resource.

Operation.—The patient having on the day previous been well purged by a full dose of castor-oil, and having

aten nothing but milk-porridge for wenty-four hours, the operation was erformed Sept. 16th, 1873. There ere present Drs. V. L. Hurlbut, V. C. Lyman, Flood, Emmons, and Blake, of the Hospital Staff, and, by nvitation, Drs. C. G. Smith, McKenan, Harvey, and Chapman (of Hudon, Mich.); also, Messrs. Chapman, Harrington, and Moore, medical stulents.

The patient was placed upon the perating-table at 11 A.M., and being ully anæsthetized by Dr. Flood (alernately by chloroform and sulphuric ther), an incision, commencing an nch and a half below the umbilicus, as made in the linea alba, and exended directly downward about four nches. The different layers of the bdominal wall were successively ivided until the peritoneum was eached. The bleeding from the inision having been checked by the pplication of sponges dipped in cold ater, the abdominal cavity was cauously opened with the point of a istoury, and exit given to a small uantity of ascitic fluid. The small pening into the peritoneum was then larged to an inch and a half by eans of scissors, a grooved director eing previously used as a guide. he cyst-wall, having a pale bluish olor, then appeared, filling up the pening. A silver catheter, having a rge curve, was next introduced, and vept over the anterior and lateral alls of the tumor, for the purpose of scertaining the position and extent f any existing adhesions. These ere found to be very numerous and rm on both sides, more especially on ie left. The abdominal incision was ow extended downwards to five and half inches. Bathing my hands in artificial serum, as first used and recommended by Dr. E. R. Peaslee,* I introduced the right and left successively, and separated all the parietal adhesions that could be reached. Many of these were very dense, and required much force for their rupture. The presenting portion of the cyst was then tapped with a large trocar, and about one pint of clear, amber-colored fluid escaped through the canula. In order to guard against the entrance of any of the cystic fluid into the peritoneal cavity, a piece of oiled silk was closely applied to the canula, and made to cover the lower portion of the incision. As the cyst collapsed, it was drawn through the opening, and other cysts were successively tapped by pushing the trocar through the canula, without withdrawing the latter. The fluid drawn from the different cysts varied greatly in color and consistence, as is usual in polycystic ovarian disease. The quantity of fluid removed in this manner did not exceed three or four pints; and its removal caused no sensible diminution in the size of the growth; I therefore removed the trocar, and, forcing the hand into the center of the tumor, broke down the intercystic septa in every direction. Even this procedure, however, failed to reduce its size sufficiently to enable me to draw it through the incision. This latter was, therefore, extended upward to the left of, and two

* Composed of chloride of sodium, four drachms; albumen (white of eggs), six drachms; water, four pints.

"It is intended to imitate the natural secretion of the peritoneum, and is kept at a blood-heat, and used to thoroughly moisten the operator's hands before they are introduced into the peritoneal cavity."—*Ovarian Tumors*, p. 402.

inches beyond, the umbilicus, and downward to within two inches of the symphysis pubis. The hand was then again introduced, and the surroundings of the tumor explored in every direction. Other adhesions were discovered and ruptured, and the tumor was then lifted from its bed and brought through the incision, this stage of the proceeding being greatly facilitated by turning the patient upon the left side. The tumor being held by assistants, the pedicle, consisting of the left broad ligament, was clamped as near the tumor as possible and divided. There were still several very strong bands of adhesion between the tumor and the pelvic walls. These were divided with scissors, and the tumor, being now wholly detached, was removed.

The right ovary was next examined, and found to be greatly atrophied, being no larger than a Lima bean. It was firm in texture, and whitish in color; it was undisturbed. The uterus was in all respects normal.

A good deal of blood was oozing from the torn and cut surfaces of the adhesions, and several minutes were consumed in checking it. The solution of the persulphate of iron was effectually used for this purpose in some parts, but in others it was found necessary to apply ligatures. The ends of these were, in all instances, cut off as closely as seemed consistent with safety.

The pedicle was next permanently treated. It was transfixed with a needle carrying a double ligature of well-waxed carbolized linen thread, tied in two parts, the ends of the ligatures cut off close, and the clamp removed.

As the patient began to exhibi signs of exhaustion, it was deeme prudent to hasten the remaining step of the operation as much as possible An india-rubber drainage-tube, one fourth of an inch in diameter, per forated on alternate sides at inter vals of half an inch, was passed fron Douglas's cul-de-sac into the vagina The end of the tube which was left i the abdomen was attached to a dou ble silver wire, the free ends of whicl were twisted together and brough out through the lower angle of th incision. This step of the operatio was accomplished as follows: A curved trocar and canula, guided b a finger, were passed into the poste rior cul-de-sac of the vagina, an through the vaginal wall, the poin of puncture and emergence bein determined by pressure of a finge against the corresponding peritonea surface immediately behind the uter us, a half inch from its vaginal attach ment. The puncture having bee made, the trocar was withdrawn The lower end of the drainage-tub was then fastened to the abdomina end of the canula, and the latte withdrawn, carrying with it the tub through the vaginal canal.

The peritoneal cavity was ther thoroughly cleansed, by means o carefully-prepared new sponges This having been done, the wound was closed with thirteen silver-wir sutures, placed half an inch apart each suture penetrating the entir thickness of the abdominal wall. A compress of folded flannel, wrung ou of a warm, weak solution of carbolic acid, was laid over the incision, and over this a second larger compress wet with hot water. A sufficient quantity of cotton-wool was placed

over the compress, to give some rotundity to the now sunken abdomen, and this, in turn, was covered with a piece of oiled silk, the whole being finally secured in position by a flannel bandage passed around the body and pinned.

The time of the operation was one hour and forty minutes. Throughout the whole period the temperature of the room was kept at 76° to 80°, and the air was made moist by means of a large evaporating-dish filled with water and placed upon a stove.

The patient fully recovered from the influence of the anæsthetic; but so soon as she regained consciousness she complained of feeling tired. Her pulse was 120; respiration irregular and sighing. She took a half grain of sulphate of morphia, and had a tablespoonful of hot whisky-toddy every ten minutes. Hot blankets were laid over her, and india-rubber bags, filled with hot water, placed about her feet and legs. However, the pulse became more and more feeble, the breathing more irregular, and she expired in an hour and thirty minutes after the completion of the operation.

The weight of the tumor was thirty-five pounds.

Remarks.—An interesting fact in connection with the foregoing case was the discrepancy between its early history and the condition discovered at the time of operation. All the early symptoms pointed most unequivocally to the right ovary as the seat of disease, while the subsequent history developed the fact that they were really referable to the left.

Dr. W. L. Atlee* relates a case in which there was likewise a contradiction between the early symptoms and the subsequent physical signs. At the time of the operation, "*the tumor was most developed towards the left side*, and the percussion sound was *dull over the left lumbar* region, and elsewhere, except in the epigastric, right hypochondriac, and *right lumbar* regions, where it was *resonant.*" These peculiarities pointed to the left ovary as the one affected; but "about three years before the patient had an attack of severe pain in the *right groin and hip.* One year after, her friends noticed an enlargement of which she was not aware. It extended uniformly over the whole lower portion of the abdomen. Afterwards, she had returns of pain in the right inguinal region." In this case, the diagnosis of disease of the right ovary, the correctness of which was confirmed by the operation, was based upon the early history; the distinguished author holding that when "the history of the case shows that in the early development of the tumor it had appeared in one or other groin, or that severe pain, in either side, had accompanied its origin, the side on which the early difficulty existed will determine which ovary is affected."

The case of Miss W. shows, however, that such a rule of diagnosis is not always reliable. Here, not only was the symptom of pain in the right side, but the early development of the tumor, also, so far as it was recognized; and yet, only the left ovary was enlarged.

785 Michigan ave., Chicago.

* *Ovarian Tumors*, p. 45.

NOTES OF PROGRESS IN THE STUDY OF THE PATHOLOGY OF THE NERVOUS SYSTEM.

A PART OF THE ANNUAL REPORT OF THE SECTION ON PATHOLOGY, OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS. PREPARED BY PLYM. S. HAYES, M.D.

PATHOLOGY OF THE PERIPHERAL NERVES.—M. Verneuil, in four articles (*Gazette Medicale de Paris*), gives the history, illustrated by cases, of what he terms traumatic herpes. This is a vesicular eruption, resembling in character herpes or zona. It is often spontaneous, or consecutive to an injury. He concludes that herpes may exist as an independent intercurrent affection during the evolution from an injury; and that it may also certainly result from the wound, and be really of traumatic origin. Three forms of traumatic herpes may be distinguished—peripheral, contiguous, and distant herpes. The disorder may follow a wound of a nerve track, a ganglion, or of the peripheral ends of the nerves. The herpes may relapse; it may coincide with erysipelas, and simulate the vesicular variety of that disease.

We learn from the *Medical Times and Gazette*, that Prof. Eberth, of Zurich, proposes a new explanation of the occurrence of inflammation of the cornea, dependent upon lesion of the fifth pair of nerves. He maintains that the trauma is the mediate, rather than the immediate, cause of the corneal inflammation. The pathological condition of the nerve induces changes in the eye favorable to the retention of bacteria in the cornea, and the subsequent formation of bacteric masses, and attendant inflammation.

The most superficial puncture of the affected spot causes a rapid extension of the disease. The occurrence of the keratitis is, however, dependent upon the degree and extent of the desication, the amount of protrusion, and the size of the ocular aperture.

Dr. Edward Hansen has published (in the *Hospitals-Tidende*) a paper on "Intermittent Neuralgic Vesicular Keratitis depending on Traumatic causes." This disease takes its origin from injury to the peripheral extremities of the nerves, probably those of the corneal epithelium. These nerves, undoubtedly, exercise an important influence on the vitality of the epithelial cells. The origin of this malady is always a wound, in the shape of a scraping of the epithelium.

Prof. Erasmus Wilson, in a course of six lectures on Dermatology (reported in the *Lancet*), mentions the following implications of the peripheral nerves in leprosy. The pathological complications in this disease were stated to be the development of a cachetic condition, attendant on a colloid metamorphosis infiltrating the tissues and causing their ultimate destruction. The colloid material is deposited in the skin, obliterating the papillary layer. The corium and connected structures, including vessels and nerves, are thus destroyed by

the infiltration of tubercular masses. This deposit invades the neurilemma, separates the tubules, and soon leads to their atrophy.

Dr. H. V. Carter, Bombay army, has given a more extended account, in an article on the pathology of leprosy of the nerve lesions due to this disease. This author concludes that there is, prior to the more visible changes of leprosy, a progressive impairment of the functions of the cutaneous nerves and branches. The structural alterations of the nerves he considers to be the characteristic lesion of leprosy. He agrees with Wilson, that the subsequent histological changes are due to the infiltration, or deposition, of morbid materials in the skin and subjacent tissues. This deposit appears in the nerves, between the nerve tubules, and within the sheath. The envelope of connective tissue of the nerves is hardly changed. This deposition continues until the tubules are separated, compressed, emptied of their contents, and eventually destroyed. The tactile corpuscles disappear before the other less sentient corpuscles. The brain and spinal cord are wholly free from such deposit. The cutaneous nerves are implicated, chiefly and primarily, in that part of their course between the deeper fascia and the limbs and trunk. When the deeper seated nerves are affected, it appears to be only in their sensory elements; and those nerves are involved which are in continuity with cutaneous nerves. Motor paralysis is seldom marked, even in those who have lost hands and eet by the disease.

The author considers that there are trophic nerves in connection with the sensory, and that, through these, nutrition may be affected directly by the nervous system. It is submitted that all of the essential phenomena of leprous diseases may be traced directly or remotely to the characteristic nerve lesion.

Vulpian (*Journal of Anatomy and Physiology*) demonstrates that the gray matter of the spinal cord, medulla oblongata, and the corresponding parts of the pons varolii, exert, through the nerves of motion, a trophic influence on the muscles, as well as on the nerves themselves. This is shown by the atrophy of muscles, when their motor nerves are severed and they are therefore no longer in contact with their trophic centers. This obtains even when the severed motor nerve contains no sympathetic fibres at the place of division. This shows that the trophic influence is carried to the muscles through their motor fibers. The muscles atrophy when the anterior horns of the gray substance of the spinal cord degenerate, and the sympathetic is not involved.

Drs. Bizzozero and Golgi (*Medizinische Jahrbucher*) briefly give a summary of the researches of Montegazza and Vulpian, as well as of the views of Fasce and Erb, on the changes that take place in muscles after the section of the nerve distributed to them. The remainder of the article is devoted to their own researches on the changes which take place in muscular tissue after section of nerves. Their principal experiment was that which occupied the longest time from the section of the nerve (sciatic) until the death of the rabbit (eleven months afterwards), and subsequent microscopical examination. "Microscopical investigation showed, in the

superficial muscles of the thigh, isolated rows of fat granules, which seemed to correspond to the course of the nerve fibers. In the deep-seated muscles of the thigh, the muscular fibers were found attenuated here and there; the transverse striæ were not well marked; and between the muscular bundles of the first and second order were seen numerous large zones of fat cells. At other parts, the muscular substance of single fibers was partly torn in pieces, and partly replaced by fat cells.

"The superficial muscles of the leg presented, very markedly, those appearances which are generally represented as the result of section of nerves; that is to say, multiplication of the nuclei of the muscle corpuscles, withering of the fibers, increase of the interstitial connective tissue, and profuse deposit of fat cells between the muscular fibers.

"In the deep-seated muscles of the lower extremity, which were yellow and lardaceous, no traces of muscular tissue could be found; it seemed to have been converted into fatty tissue, which resembled that of the panniculus adiposus. On transversal section, the fat cells presented round or irregular margins, and were arranged as in a mosaic. On longitudinal section, they were seen to be arranged in rows corresponding in direction to the fibres and muscles.

"In other investigations, of shorter duration, we met with fat cells only between the larger bundles. In one case, which had been observed for two months only, the fat cells were scattered between the bundles. In one case, observed for four months, we failed to find any trace of fatty deposit.

"These observations appear to us to be of some importance, as they indicate the causes of certain varieties in diseased conditions, as pseudo-hypertrophic paralysis, in the advanced stages of which the muscular fibres are found separated by fatty tissue."

Dr. Petrow (*Virchow's Arch.*) gives the following hystological changes that take place in the nervous system of the great sympathetic, in cases of acquired constitutional syphilis: 1. Modifications of the protoplasma of nervous cells, which become loaded with brilliant pigmentary corpuscles, increasing with the age of the disease, and often accompanied by colloid transformation of the cells; the cells of the endothelium surrounding the nervous cells frequently undergo the same gelatiniform transformation, and cannot then be distinguished from the nervous cells. These changes can exist without the interstitial connective tissue being impaired. 2. Modifications of the interstitial connective tissue, with hyperplasia of the fibers, constituting large, irregular fasciculi, which push aside and compress the nervous cells and fibers. The cells are then atrophied, irregular, and dotted with pigment, whilst the fibers are flattened, and their myeline shows slight granulations.

The *Gazette Medicale de Paris* contains the summary of a case of injury of the sciatic nerve, followed by epilepsy. This is one of the few cases of injury to this nerve which has been reported as being followed by epilepsy. It is interesting, in view of Dr. Brown-Sequard's experiments on animals for the artificial production of epilepsy by severing the sciatic nerve. The outlines of the case are

follows: The patient, a soldier, received a gun-shot wound of the left thigh, Nov. 7th, 1870. The bullet, although visible, was so deeply imbedded that it could not be removed. In the course of six or seven months he began to have convulsive attacks, which were quite violent. The wound was then cicatrized, and the projectile could no longer be felt on palpation. These attacks then grew less and less frequent; but his health gradually began to fail. An operation was subsequently performed and the nerve exposed, and found surrounded by a cicatrix of connective tissue. Subsequent to this operation there have been none of the convulsive attacks.

Dr. Matthew Duncan (*Brit. Medical Jour.*) gives the details of a case of epilepsy produced by digital impression in the cranium of a fœtus during birth. The labor, a difficult one, occurred in a lady who had married late in life. Manipulation was required, and pressure made on the left parietal bone. The bone yielded to the pressure, and a digital impression was produced, which persisted, and was not entirely flattened out until two weeks after the birth of the child. On the third day after birth, the nurse noticed a twitching of the face and superior extremities. These gradually grew worse for about three weeks. The disease eventually yielded to treatment.

INTRASPINAL LESIONS.—The *British Medical Journal* contains a case reported by Dr. Nieden, of a traumatic lesion of the spinal cord, corresponding to the first and second dorsal vertebræ. The two lower extremities, and the trunk as high as the second intercostal space, were paralyzed completely to motion and sensation. The temperature gradually fell from 95° to 80.6° F., when death occurred, ten days after the accident. During this time there were two periods of increment. The pulse and respirations bore an almost constant proportion to the diminution of temperature. The patient was conscious, even to the last.

The following salient points have been taken from an article on "Intraspinal Hæmorrhages," by P. Hayem (*Archives Generales de Medicine*). After dividing these hæmorrhages into extrameningeal, intrameningeal, and subarachnoid, he says that, of all, the extrameningeal is the most frequent. The blood may be effused the whole extent of the space between the spinal canal and dura mater. The clots vary much in size and consistence. The amount of effusion in this locality never seems to be sufficient to compress the cord. Interarachnoid hæmorrhage usually occupies the whole height of the membranes, and generally compresses the cord. The subarachnoid variety is very rare. After having pricked an intraspinal vein in a dog, he found the three varieties of hæmorrhage were produced—varieties which were met with simultaneously in the cases recorded. According to this author, spinal hæmorrhage has nothing parallel to cerebral hæmorrhage. In fact, spinal hæmorrhage is so generally accompanied by inflammation, that it might be properly termed hæmatomyelitis. At times the blood is contained in an anfractuous cavity; but more generally is it intimately mixed with nerve substance. The effusion occurs in the gray substance of the cord, the white portion interposing an insurmounta-

ble barrier. In the great majority of cases, the disorganization of the gray substance is entirely out of proportion to the amount of hæmorrhage. The whole extent of the cord may be affected when the hæmorrhage is not more than a centimetre in breadth. At times, the hæmorrhagic centers may be disseminated throughout the extent of the cord. M. Lionville found, in the vessels, capillary aneurisms similar to those found in the brain. The vessels are usually thickened, and their sheaths enlarged, distended and filled with yellow, fatty granulations.

M. Rosenthal observes, that the chief pathologico-anatomical lesions that are met with after death in the spinal or essential palsy of children, are atrophy and malformation of the anterior cornua of the cord. According to this author, the changes observed in the cells of the gray substance are not the primary lesion. These changes depend, principally, on the enlargement and thickening of the blood-vessels observed by him. These changes in the blood-vessels antedate the destruction of the gray substance, and stand in the relation of cause to effect.

INTRACRANIAL LESIONS.—J. Lockhart Clark (*British Med. Jour.*) gives the details of a case of progressive muscular atrophy, accompanied by muscular rigidity and contraction of the joints, with *post-mortem* examination of the brain and spinal cord. The duration of the disease, from the first appearance of vertigo until death ensued, was twenty-eight years. The general history was that of a typical case. The examination showed that the cerebral convolutions were thickly interspersed with corpora amylacea, and that many of the blood-cells of the white substance were enlarged. The cells of the gray substance were not altogether healthy. The pons varolii was below the average size. Its blood-vessels were somewhat dilated. In it the corpora amylacea were thickly interspersed. The medulla oblongata was about one-fifth below the average size. All its nuclei were smaller than normal, their cells having undergone a pigmentary degeneration. The spinal cord was one-fourth less than the natural size. In all of its parts the gray substance was in a pathological condition, from various lesions and degenerations. The nerve cells of the anterior gray substance throughout the length of the cord had undergone degeneration; some of the cells having undergone pigmentary degeneration, others having fallen into granular heaps. Of those that remained, their processes were either lost or reduced considerably in size.

M. Lionville relates (*Gaz. des Hopitaux*) a case of complete paralysis, with only slight impairment of sensation. The patient was found on the street insensible. The urine was drawn off, and found loaded with albumen and sugar. There was no indication of Bright's disease. The necropsy showed that a large portion of the pons Varolii had been invaded by the hæmorrhage, and the upper part of the wall of the fourth ventricle was affected.

Zenker has, for several years past, devoted himself to the study of the pathogeny of spontaneous cerebral hæmorrhage. During this time, in every case that he has examined with sufficient care, he has found miliary aneurisms present, not only in the

neighborhood of the clot, but in other parts of the brain. All of the arterial coats bound these vascular dilations, thereby forming true aneurisms. The inner coat of the artery first becomes ruptured, thus creating a dissecting aneurism. This state of things may continue for some time. A retrograde action may be set up, so that nothing eventually remains but a little pigmentary tubercle. Lastly, the aneurismal wall may rupture, and give rise to cerebral hæmorrhage. So far do MM. Charcot and Bouchard, who first discovered the frequent presence and pathogenic influence of these aneurisms, agree with Zenker. As to the immediate cause of the formation of the aneurisms, they differ. Zenker claims that these capillary aneurisms are preceded, as all true aneurisms of the larger arteries are, by sclerosis of the inner tunic of the cerebral arterioles.

Even if miliary aneurisms can exist without change in the arteries at the base of the brain, microscopical investigations show that the arterial branches in the neighborhood of the aneurisms have undergone a change in their inner coats. This change consists of an irregular thickening and sclerosis, and sometimes fatty degeneration.

Dr. Lidell, in an article in the *American Journal of Medical Sciences*, has collected the histories of a number of cases of thrombosis of the cerebral arteries. After making remarks on each case, and dividing them into eight classes, he gives the etiology, anatomical appearances, symptoms, diagnosis, and treatment, of this disease.

In answer to the self-asked question, Does thrombosis ever begin in the minute arteries of the brain, in old people? he replies that "there does not appear any good reason why thrombosis should not sometimes have its starting-point in the cerebral capillaries, as well as in the capillaries of the extremities of aged persons." The anatomical changes in the brain substance are due to anæmia, from the greatly diminished supply of nutrient blood. These changes consist in an exsanguinated appearance, and diminished consistence of the brain substance. Anæmia is not always present, for in some cases the portion of the brain implicated exhibits an undue congestion, the white substance, when cut, becoming quickly bedewed with blood. The author thinks that want of exsanguination has its origin in the vaso-motor paralysis, and dilation of the cerebral vessels, a state which preceded and determined the thrombosis. The softening of the brain substance is strictly a necrosis, analogous to gangrene in the extremities.

The reason assigned for the brain not exhaling a gangrenous odor, is because of its complete exclusion from the air. The necrosed portion varies in size from that of a bean to a goose's egg. There was found, on microscopical examination of the necrosed substance, only the remains of nerve filaments, granular cells that have undergone fatty degeneration, and masses of detritus. There were no granule cells or granular masses, such as are found in softening from exudation. Should collateral circulation be soon established, the anæmia is in a measure removed, the paralyzed limbs regain their lost functions, and the other signs of cerebral disturbance pass away. Even

after collateral circulation has been established, and the paralysis and brain symptoms abated in a measure, the cerebral lesion may be sufficient to produce death.

Dr. L. Waldenburg reports a case of congenital aphasia. The child at the time of the report was six years old. The mother had an attack of right hemiplegia, accompanied by aphasia, when three months pregnant. The child was born at term, with the symptoms of right hemiplegia. He has recovered almost entirely from the effects of the paralysis; is not deaf, and is quite intelligent. The examination of his mouth and vocal organs was negative, rather than positive, in affording an explanation of the cause. He never tries to produce articulate sounds. The Doctor thinks this case tends to disprove that both cerebral hemispheres are capable of educated speech.

Dr. J. L. Smith, in an article in the *American Journal of Medical Sciences*, gives the necropsy of seventy-six cases of cerebro-spinal fever. The following is a condensed statement of some of the most important pathologico-anatomical facts that he has stated in his conclusions. The amount of fibrin in the blood is increased, in cases that are not speedily fatal. In those who die in the stage of acute inflammatory congestion, the cranial sinuses are found engorged with blood, and contain soft, dark clots. In those cases which end fatally in a few hours, there is usually no other lesion than a hyperæmia of the meninges. In cases of longer duration, there is an exudation of serum and fibrin from the vessels into the meshes of the pia mater, and over the surface of the brain beneath this membrane. Pus cells are mixed with the fibrin. At times the pus cells are so few as to be discovered only by the microscope; at other times the pus is in excess of the fibrin, and is readily detected by the unaided eye. The arachnoid loses its transparency and polish, and presents a cloudy appearance over a greater or less extent of its surface. The exudation of serum, fibrin and pus is more abundant in the spaces around the course of the vessels, over and around the optic commissure, the pons Varolii, the cerebellum, medulla oblongata, and the Sylvian fissures.

The quantity of serous exudation varies greatly with the case. If this exudation is of considerable quantity, the convolutions may be flattened, and the amount of blood circulating in the brain be less than normal. Cerebral softening occurs in certain cases. This softening is usually local, rather than general. The ventricles contain, in some cases, serum alone; in others, the serum is turbid, containing flocculi of fibrin, or fibrin and pus. In advanced cases, with abatement of the inflammation, the serum is obviously first absorbed, while the fibrin and pus are more slowly removed by fatty degeneration, and liquefaction. The author thinks that the remains of the fibrinous exudation may be found in persons who have recovered from this disease, although he has not verified this statement by *post-mortem* examination. The changes that take place in the spinal cord and membranes are similar to those found in the brain and its membranes.

LUPUS. — FISTULA IN ANO.

SUBSTANCE OF A CLINIC BY PROF. E. ANDREWS, M.D., IN MERCY HOSPITAL, MAY 4TH, 1874. REPORTED BY J. R. KEWLEY.

GENTLEMEN: To-day we have, as you see, a patient afflicted with lupus. We propose to cure him, if possible, by an operation. This disease is one whose exact nature is not very well understood by pathologists, owing to the fact, I think, that the term "lupus" is applied to really different diseases. True lupus strongly resembles cancer (after ulceration), both to the unaided eye, and by the examination of the morbid tissues by the microscope. However, if a cancerous ulcer exists, the surrounding lymphatics are generally enlarged. Not so with lupus: the lymphatics remaing normal and healthy.

Lupus begins as a small ulcer, with a thickened, ragged edge, rapidly spreading. In this case, we see it has encroached upon the nose, upper lip, and quite a large portion of the cheek, and has partially destroyed the left superior maxillary bone. Local treatment must be pursued, constitutional measures being wholly insufficient in all these cases. The ulcer is sometimes cauterized. In London I saw it so treated, with a red-hot iron, by the surgeons of that city.

Some German surgeons recommend the scraping away of all the morbid tissue that is possible, by means of some blunt instrument, and then hacking with numerous minute scarifications, and, after this operation, cauterizing the parts with fuming nitric acid. This stops the spreading of the disease; and soon it is superseded by a healthy ulcer, with healthy granulations, which goes on until our labors are crowned by seeing a perfect cicatrix. Sometimes, however, such is not the case, and then the operation must be repeated. In this operation I always try and remove all the morbid parts, although the ulcer's center may not present a lupoid character.

The patient, an elderly gentleman, being now fully under the influence of sulphuric ether, the Professor proceeded to operate according to the German method described above, removing, during the operation, some small spiculæ of bone from the superior maxillary. The disease, as was feared, extended somewhat into the air-passages.

Gentlemen: I will now call your attention to this colored man, of middle-age, suffering from fistula in ano. These fistulæ are generally caused by a small abscess in the areolar tissue around the rectum. This abscess first breaks into the bowel, and afterwards, working its way through the tissues, opens upon the external surface, thus producing a communication between the bowel and the outer world, different from that which nature decreed. The opening thus established is prevented from healing by the irritation of foreign material seeking to find an exit through it. Some of our medical brethren object to an opera-

tion on fistulous patients of consumptive tendencies, on the ground that, after the operation, the tubercular disease is more rapidly developed. This opinion is not conclusively proven, by any means; yet there may be truth in it; and I would not operate on consumptive patients.

In this patient, as you see, there is a perfect net-work of external openings. By introducing a probe into this large opening on the left side of the anus, and a finger into the rectum, I can ascertain the locality of the internal opening into the bowel. Also on the right side, where we have a large fistula. In this one I find that, instead of opening directly into the rectum (as the one on the left side did), the probe runs behind the anus, into the fistulæ of the opposite side.

Introducing a grooved director into the larger of the fistulæ of the left side, as a guide to my bistoury, I cut through the tissues and the walls of the rectum into that organ, not sparing the sphincter muscles. Now, on the right side, as the principal fistula does not open into the rectum, we will introduce the bistoury on the grooved director, and cut down behind the rectum, terminating in the incision of the left side, thus severing the sphincter muscles but once, which will add much to their future strength. You will observe that the incisions on the opposite sides are made in such a manner that if any cicatricial contraction takes place in healing, the anus will not be held open by the traction of two cicatrices in opposite directions, as might be the case if I cut the sphincters through upon both sides.

Now, we will open some of these smaller fistulæ into the main and connected incisions already made, and afterwards prevent union by first intention, by introducing into the incision some lint covered with cerate. We expect to see healthy granulations appear in the bottom of these incisions, which will continue to develop from the bottom in this way until a complete cicatrice is formed.

Editorial Department.

ILLINOIS STATE MEDICAL SOCIETY.—The Committee of Arrangements have not been able to secure any reliable arrangement with the several Railroad Companies for reduction of fare, either to or from the place of meeting. Neither is it practicable to secure any arrangements with the leading hotels for reduction of the ordinary rates of board for members attending the meetings of the Society. All propositions looking to this end involve the condition that the Committee pledge the stopping of a certain *number* at a given house. The leading first-class hotels, the Grand Pacific, the Tremont, and the Sherman, charge $4.50 per day; the

Palmer, from $3.00 to $5.00 per day, according to room. Among the more moderate-priced houses, the Commercial, corner of Lake and Dearborn streets, $2.50 per day, is good; also, the Briggs, corner of Randolph and Wells streets; the Matteson, corner of Wabash ave. and Quincy street, and the Clifton, corner of Wabash ave. and Monroe street. Members from other parts of the State may be assured that they will meet a cordial reception from the profession in the city.

The Sessions of the Society will be held in the Lecture-room of the Academy of Science, 253 Wabash avenue, near Van Buren street.

AMERICAN MEDICAL ASSOCIATION. —Let none of our readers forget that this Association meets this year in Detroit, on Tuesday, June 2d, 1874. We understand that all necessary efforts are being made to have the coming meeting an important and profitable one. The amendments to the Constitution and By-Laws, made last year, providing for a permanent Judicial Counsel, and the presentation of reports or addresses on the different departments of medicine by the Chairmen of Sections, will add very much to the interest and value of the work, both in the General Sessions and Sections. It is to be hoped that a full representation will be present from all sections of the country.

PLAGIARISMS.—The criticism of "Curette," in THE EXAMINER of April 15th, has called out a reply, covering nearly twenty pages of manuscript, in which the writer attempts to show, what no one disputes, namely, that Buckle, in his History of Civilization, uses a great variety of facts that are common property for all writers, and quotes from a great many authors, which he fully acknowledges in a full list, and in marginal notes. But all this does not touch the question raised by "Curette," in his letter to THE EXAMINER. That question was, simply, whether the address on "Organic Reform," in the Transactions of the Illinois State Medical Society, contained *verbatim* quotations to the extent of whole paragraphs, from Buckle's History, without any credit or acknowledgment therefor? If so, it constitutes what is generally called *Plagiarism*. But as the twenty pages of manuscript sent to us, do not touch this question in any way, we can hardly afford the space to publish it.

"ABLY EDITED."—We observe that the *New York Medical Journal*, in its advertisements now appearing in the newspapers, makes a great point of recommending itself to the profession by stating that it is *ably edited* by Drs. Lusk and Hunter. We agree with Drs. Lusk and Hunter, that they are able editors, but it is not generally considered necessary to tell the world what the world ought to know without blasts from one's own trumpet.—*London Medical Press and Circular.*

Society Reports.

TRANSACTIONS CHICAGO MEDICAL SOCIETY.

Reported by Will. T. Montgomery.

REGULAR semi-monthly meeting, May 4th, in the parlor of the Gault House. President Wm. E. Quine in the Chair.

Order for the meeting: Reports of Cases and Exhibition of Pathological Specimens.

The President reported a case of puerperal septicemia, that had occurred in Cook County Hospital during the prevalence of puerperal fever, which seemed to afford striking evidence of the utility of local medication in the disorder.

The patient, a primipara, aged twenty, was delivered after a quick and easy labor—which resulted, however, in bad laceration of the perineum—of a healthy male child, weighing eight and a half pounds. The uterus did not contract very firmly, though an unusual amount of blood was not lost; and the after-pains were not severe. On the second day after delivery, a copious secretion of milk was established, and the lochia was profuse, sanguinolent, and without offensive odor. In the evening, castor oil was given by the nurse without orders from the physician. On the third day the patient seemed bright, vivacious, and cheerful. She had had several movements of the bowels, and complained of nothing but intense pain in the forehead. Her eyes were red, as though she had been weeping; the pupils contracted; tongue coated with a creamy fur; pulse 132, small and soft; respirations 36; temperature 104°; no pain in any part of abdomen, and no gaseous distension; uterus high and flabby; lochia, dark brown, very profuse, and insupportably fœtid; urine, of normal character and quantity, though it had to be drawn off. During the day she experienced a succession of rigors, which were soon followed by increased acceleration of the pulse, elevation of the temperature, and profuse sweating. Two grains of quinine and one grain of opium were directed to be given every three hours; sponge-baths twice a day, and an intra-uterine bath of an aqueous solution of permanganate of potassium three times a day. The last-named procedure was conducted in the following manner: The patient having been placed on a bed-pan, the disinfecting solution, strength one grain to one drachm, to the amount of a pint, was allowed to flow into and out of the uterus through a double canula catheter, from an ordinary nasal douche apparatus. No pain was complained of by the patient from the application. When the first application was made, on the third day after confinement, the pulse was 132; on the fourth day it was 128; on the fifth, 120; on the sixth, 118; on the seventh, 92; on the eighth, 82;—the observations being

made at the same time of day. The pulse invariably fell from five to fifteen beats within two hours after the injections, though it quickly rose again, but only once, above the original frequency. On the fifth day, the patient seemed dull and listless; had no pain, and complained only of a feeling of soreness when pressure was made in right iliac region; diarrhœa and profuse sweating; her tongue was coated posteriorly with a creamy fur, while the tip and edges were very red and the papillæ prominent; the abdominal walls flaccid; gurgling in right iliac region; the uterus lower and firmer than before; the lochia abundant still, but much less offensive; urine normal in quantity. The previous prescription was now discontinued, and fifteen drops of turpentine, in emulsion, was directed to be given every four hours alternately with two grains of quinine and four drops of acid. hydrochlor. The patient being unable to retain either of the mixtures, they were omitted, and pills of two grains of quinine, one-sixth grain of morphine, and one-sixtieth grain of strichnine, were given every trhee hours. There was an abatement of all the symptoms corresponding with the decline in the frequency of the pulse, and improvement in character of lochia. On the eighth day the patient felt quite well and strongly desired food, though there was incomplete involution of the uterus. The case presented two points of interest: it was one of pure, uncomplicated septicemia, and was unquestionably influenced more favorably by local than internal medication.

In the discussion of the case, Vice-President Dr. Paoli said he had found the solution of permangan. pot. a very excellent one to use as an injection in offensive uterine discharges. He referred to the fact that uterine injections are condemned by most authors on account of sometimes producing uterine colic. He thought it very difficult to distinguish between puerperal septicemia and puerperal fever.

Dr. Peterson said the amount of force used in giving uterine injections had much to do with producing colic, and that the solution should be passed in very gently.

Dr. Stillians said he had experienced very satisfactory results from the use of uterine injections by means of the double canula, and thought there was no danger of producing uterine colic when it was used.

The President explained that uterine injections had not been given—only uterine baths. He agreed with Dr. Paoli as to the difficulty of distinguishing between the various affections included under the head of puerperal fever. The latter term is used generically: in one instance applied to septicemia, in another to phlebitis, or lymphangitis; in others to cellulitis, metritis, peritonitis, etc. It was not ordinarily difficult to tell when any one or more of these morbid states existed; generally several of them co-existed. The speaker then detailed the points of difference between the various disorders named, which would serve in establishing a diagnosis. In alluding to the etiology of puerperal fever, he said that, while it occurred spontaneously and sporadically, there is a specific and infectious puerperal poison, which is not contagious, however, in the sense that the poison of variola is; the puerperal poison may give rise to one or more of several widely different morbid

states, all of which, however, are included under the head of puerperal fever. One patient may contract a metro-peritonitis, or septicemia, or a cellulitis, from another who has neither of the disorders mentioned, but some other form of the disease. A patient may even contract a fatal puerperal fever from one laboring under any of the ordinary infectious diseases.

NEW MEDICAL SOCIETY. — According to previous notice, quite a respectable number of physicians from the counties of Montgomery, Christian, Shelby, Fayette and Marion, met in the city of Pana, on the 28th ultimo, and organized "THE DISTRICT MEDICAL SOCIETY OF CENTRAL ILLINOIS," by adopting a Constitution and By-Laws, and electing the following officers:

President—H. H. Hood, of Taylorville.

Vice-Presidents—I. W. Fink, of Hillsboro, and H. H. Deming, of Pana.

Treasurer—L. B. Slater, of Taylorville.

Secretary—E. E. Waggoner, of Shelbyville.

C. V. Rockwell, of Taylorville, and J. D. Bennett, of Assumption, were appointed delegates to represent this Society at the next meeting of the State Medical Society.

C. V. Rockwell, of Taylorville, and R. E. Beach, of Patoka, were appointed delegates to the next meeting of the National Medical Association.

After the organization was completed, the remainder of the day was spent in an irregular, free-and-easy interchange of thought upon various topics of interest to the profession.

Having a membership of *thirty-one*, and an unmistakable promise of a bright and glorious future, "The District Medical Society of Central Illinois" adjourned at nine o'clock P. M., to meet again on the second Tuesday in July next.

Yours truly,

E. E. WAGGONER, Sec'y.

Shelbyville, Ill., May 5, 1874.

Microscopical Memoranda.

COLLATED BY LESTER CURTIS, M.D.

ON THE LEUCOCYTE AND PUS CORPUSCLE.—The *Philadelphia Medical Times* of March 28th contains a report of the proceedings of the Philadelphia Pathological Society, from which we quote the following:

"Dr. Bertolet said he had not a clear idea of what was comprised by the term "*leucocytes*," and desired much to know its limitations.

"Dr. Tyson replied that, after other better-known histologists, he had always used the word *leucocyte* in a generic sense, as including all that class of small, round, variously granular cells which, according to the situations in which they were found,

were variously called white blood-corpuscles, mucus-corpuscles, young pus-corpuscles, or the round cells of connective tissue,—in other words, *dead amœboid cells*.

"Dr. Bertolet said he thought this was an error in theory which had been allowed to supplant practice; that the white corpuscle and pus-corpuscle were not the same.

"Dr. Richardson said the word *leucocyte* had been originally introduced by Charles Robin, who applied it to the class of bodies named by Dr. Tyson, whether alive or dead, as well as to exudation-corpuscles, and he believed also, provisionally, salivary corpuscles. He thought that if any one would treat white corpuscles contained in a drop of blood from his finger, first with water by introducing a small quantity at the edge of the thin glass cover, and then with weak aniline solution, in the manner described in his report on the white blood-corpuscle (Amer. Med. Assoc. Trans., 1872), he would have no difficulty in finding many globules which exhibited two or three, and occasionally those which displayed four or five, well-formed and strongly-tinted nuclei, and which manifested a precise identity, in that respect at least, with the leucocytes of pus, as described by older pathologists. By this experiment it was easily demonstrated that the characteristic formerly so much relied upon for the recognition of the pus-cell, and quoted by Dr. Bertolet,—namely, that it possessed two, three, or more nuclei,—was valueless as a means for its discrimination from the leucocytes of blood.

"Dr. Tyson admitted that pus-corpuscles soon became very granular from fatty degeneration, and then presented objects which did not so closely resemble the white blood-corpuscle; but in their young state he did not think they could be distinguished, and to acetic acid and water both responded identically.

"Dr. Richardson said that about one white corpuscle out of thirty is ordinarily more granular than its companions, and he was strongly inclined to think that these white corpuscles were also the seat of fatty degeneration.

"The President said it was very important to have clear ideas as to the exact application of terms. He presumed, of course, that this discussion referred simply to the morphology, and not the vital properties or developmental tendencies, of the cells in question. He said that he himself had been called upon to study cases where inflammation had obliterated the trunks of vessels,—a matter which brought up directly the question of being able to distinguish between the corpuscles in the surrounding inflamed tissue and the white corpuscles which remained in the softened clots. By no means which were available could he distinguish between the two.

"Dr. Richardson thought the more he studied the subject in connection with Cohnheim's observations, the more he was led to conclude that *living leucocytes of pus and blood were identical physiologically as well as morphologically*."

The italics are our own.

BLUE PUS.—It is well known that pus, and the dressings of neglected wounds, sometimes show a blue color. The *American Journal of the Medical Sciences* contains an article on this subject condensed from the *Medical Times and Gazette*, and one from the *Archives Gen. de Med.* This blue color of pus may become epidemic, as was the case in M. Gosselin's wards in the Charite at Paris. Cases are also on record in which the normal secretions, as sweat, milk, and urine, have been of this color. Two sources for the color are indicated: one, the hæmoglobin; the other, the indican of the urine. Hæmoglobin, effused, assumes the varying colors seen in a bruise; in an old clot it becomes hæmatoidin, identical with the red coloring matter of the bile. The action of nitric acid, which is a process of oxidation, produces a blue tint in the bile. Perhaps a similar

oxidation of hæmoglobin gives rise to the blue of the secretion, or the pus.

Various theories have been advanced to explain the blue coloring of the dressing of wounds. One, favored by Lucke, is that it is due to vibrios. [Our readers will bear in mind the theory that all decomposition is caused by fungi, or other microscopic organisms.] This theory of the vibrios would explain the epidemics, if we might so call them, which occur where there is a neglect of cleanliness, and in hot, moist weather.

A blue coloring matter, called pyocyanine, has been isolated from blue pus, which resembles indican, a blue coloring matter, occurring as a normal constituent of urine, and probably of the blood also. This indican may be the source of the blue color of the pus and secretion.

The Archives de Med. considers the blue color to be of three kinds: 1st. The coloration resulting from the modification of certain humors—or true blue coloration; 2d. Coloration due to fungi—false blue coloration; 3d. Coloration due to a substance still unknown—false blue suppuration. The name *cyanchrose* is proposed for the last. It commences and ceases suddenly, not only where there is a wound, but where the parts are sound. Its duration is variable. It produces no modification in the local condition of the wound, or the general health of the patient. Its progress is similar to that of erysipelas. It is sometimes epidemic. It occurs most frequently when the atmosphere is moist and warm and contains ozone, and during storms. Its presence is a favorable prognostic.

ORIGIN OF PUS CORPUSCLES IN INFLAMED CORNEA.—Prof. A. Bottcher contributes a paper on this subject to *Virchow's Archiv.* It is well known that Conheim maintains that traumatic keratitis always begins at the periphery of the cornea, and extends inwards, and that the corneal corpuscles are unaltered; in other words, that the pus corpuscles in keratitis come from the white corpuscles of the blood. Bottcher, after numerous experiments, obtains results differing from this. By touching the cornea with a point of chloride of zinc, moderated with nitrate of potash, he is able to produce a limited keratitis without any hazy zone at the margin, and has found, also, that the corneal corpuscles are always modified.—*Lancet.*

HISTOLOGY OF THE SUDORIPAROUS GLANDS. — M. Krause *(Centralblatt,* No. 52, 1873*)* states that the sudoriparous glands of the palm and scalp have a single layer of columnar epithelium lining them throughout. To show this, he treats the skin successively with chromic acid, alcohol, and hæmatoxylin; and then makes sections. His hæmatoxylin is composed of decoction of logwood, 30 to 60 parts; alum, 5; chromate of potash, 0.1; creosote, 0.2; filter. He mounts his sections by using, first, absolute alcohol, then oil of cloves, then Canada balsam dissolved in chloroform. —*Lancet.*

A STORY is related of a Chicago physician, who is also an extensive real estate operator, that recently he prescribed some pills for a lady, at a time when he was very much absorbed in one of his land transactions. She asked how they were to be taken. "A quarter down," said the doctor, "and the balance in one, two and three years."—*Philadelphia Med. and Surg. Reporter.*

Gleanings from Our Exchanges.

INSULATION IN THE TREATMENT OF RHEUMATISM AND OTHER DISEASES.

By P. M. Wagenhats, M.D., Lancaster, Ohio.

From The Clinic.

IN the causation of disease we have closely established the relation of *heat* to the fluxes of the bowels. When *ozone* is in abundance in the atmosphere, we have learned to expect influenza and affections of the mucous membrane of the respiratory tract. We trace typhoid fever to the infection of potable water by sewerage; and we have seen scarlet fever follow the milkman's cart, and with the pabulum of life sow the seeds of death.

Rheumatism, asthma, and malarial fevers, have an acknowledged dependence upon the atmosphere as to temperature, — barometric pressure, and the presence of that tertium quid, vaguely called miasm. Electric tension has also its influence, which all, sick and well, recognize in their own persons. So, also, that material manifestation of force we know as *magnetism*, has, in all probability, a powerful influence in the causation of disease. Concerning this we have very few observations recorded. The field of research has rapidly enlarged as to its production of currents, etc., but it has never been studied as the *cause* of disease.

Whilst innumerable observations are on record as to its powers as a therapeutic agent, I have no theory to offer as to the *modus operandi* of the treatment to be detailed in the subsequent part of this article, but offer it as the truthful record of what is at present a limited experience, in hope that observations on this subject may be multiplied, and the facts lying in this direction may be studied.

On December 25, 1871, I was attacked with rheumatism of the ankle and the knee joints in one limb, then the other. I treated myself actively by alkalies, opiates, etc., in the ordinary manner recognized as of the most value in this disease. I was unable to leave my bed for three months, could not walk until April, 1872, and did not fully recover until the warm weather of June. On the 16th day of December, 1872, I was again assailed by my tormentor; treated myself as before, and "I thought myself happy" that I was able to be out of my room in eight weeks, privileged to hobble around the streets of our city with the aid of a cane. Warm weather again restored me to health, and during last summer and this winter I attended to my professional duties. On February 16, 1874, while congratulating myself that I should escape my annual attack, I was suddenly seized in the nighttime with severe pains in both ankles. In the morning I failed, after an ardent effort, to leave my bed. Fever was intense, as also the swelling of ankle and knee joints. A sense of coldness of the lower extremities existed, which was even more distressing than the pain caused by the swelling of the joints. This condition continued until the morning of the 18th. From the 16th to 18th I was unable to sleep. On the morning of the 18th I *insulated* my bed, by

causing the legs of the bedstead to be placed in four glass tumblers. In four hours thereafter the harrowing sense of coldness disappeared, yet the pain still continued. A sense of warmth and perspiration set in, and that night, at ten o'clock, I fell into a profound sleep, wakening in the morning of the 19th bathed in a profuse warm perspiration, without the aid of diaphoretics or anodynes.

I steadily improved, and in a few days was out of my room. On February 23d, I left home for Cincinnati, where I remained a week, during all of which time I felt neither pain or soreness in the articulations. I returned to my home on Saturday, and found next morning the disease returned. I at once insulated my bed, and in eight days was able to go to my office and engage in my professional duties.

George C——, age sixteen, during the autumn of 1873, had an attack of rheumatism, affecting nearly every joint in the body, and affecting the mitral valves of the heart. In the latter part of January, 1874, he was able to resume his labors. March 8th he had a relapse. I treated him in the usual way, without sensible improvement. I then concluded to try insulation, which I was slow to do in any case save my own, because it seemed whimsical. In six days after instituting insulation he left his bed, and was able to make a journey of eighteen miles, which he did without discomfort.

Mrs. ——, for eighteen years a sufferer from asthma, which occurred every month, without obvious connection with the menstrual function. During the cold months of the year she suffers almost continually. She had a severe attack in March, of this year, and in casting around for some *new* remedy, I concluded to insulate her bed. She was relieved in a short time, and since then, for more than a month, she has slept uninterruptedly upon the insulated bed, and has had no attack since.

I am aware that "one swallow does not make a summer;" and so small a number of observations does not establish the value of any form of treatment; yet, when I was so speedily relieved when I expected to follow the old course, I think there is value in it, and report these cases, promising another installment, for I have several under treatment.

ARTIFICIAL REST IN PLEURISY.—Dr. Roberts says, in the *Practitioner:* In the *early* stage of the disease I would strongly recommend that a trial should be given to the plan of *mechanically fixing the entire side* by one of the methods to be now described. In order to be of any use it should be done effectually, so as to restrain the movements as much as possible, and the sooner the application is made, the more likely is it to be of service. The plan I originally adopted was the following: Strips of adhesive plaster, from four to five inches wide, were fixed at one end, close to the spine, and then drawn tightly round the side, as far as the middle line in front, the patient being directed to expire deeply. In this manner the whole side was included, commencing from below and proceeding upward, each succeeding strip partially overlapping the one below. One was also fixed over the shoulder. Over this layer of plaster strips of bandage of the same width were fixed in like manner, having been previously dipped in a mixture of mucilage and chalk, such as is used in the treatment of fractures. Two or three layers of these were laid on, and then heated sand-bags applied, in order to dry the application as soon as possible. This is a most effectual mode of fixing one side of the chest, while it leaves the other quite free to act; and I would, by the way, commend it to those who are called upon to treat fractured ribs. The plaster adheres firmly to the skin, and the bandages adhere to the plaster, a firm casing being formed which will remain on any length of time. With regard to pleurisy, however, I have since then adopted another plan, which, so far as the disease is con-

cerned, seems sufficiently efficacious. It is merely to use strips of plaster, putting on two or three layers in the following manner: The first strip is laid on obliquely *in the direction of the ribs*, the second *across the course of the ribs*, the third in the direction of the first, about half overlapping it, the fourth the same as the second, and so on until the entire side is covered. A strip is also passed over the shoulder, which is kept down by another fixed round the side across its ends. Now it is difficult positively to prove that this treatment actually checks the course of pleurisy; but, taking a common sense view of the matter, it is not improbable that such a result is anticipated; and, from my own experience, I have not the slightest doubt but that it is brought about. I have carried it out now in a good number of cases, and in all the course and termination have been most satisfactory, while relief to the pain and other distressing symptoms has been generally immediate. I feel convinced, also, that in many of those cases of extensive pleuritic effusion which come under observation, the accumulation might have been prevented or moderated had this plan of treatment been adopted at an early period.—*Philadelphia Med. and Surg. Reporter.*

TOLERANCE OF THE HEART TO TRAUMA.—The following case, translated from the *Gazette des Hopitaux*, we clip from *The Clinic* of May 2d:

An old soldier was received during the early part of March, in the Hotel-Dieu, service of Richet, a few moments after an attempt at suicide. He had discharged a revolver upon the region of the heart. The ball entered below the left nipple, and did not escape, but made a track behind, by the side of the vertebral column, where it seemed to be lodged. The wound occasioned very little inconvenience and almost no dyspnœa. So little was his distress that the internes believed that the ball had not penetrated, but had simply traversed the circumference of the thoracic cavity. A careful examination, with the *esprit* of M. Richet, led to a contrary conviction. He recognized, in fine, by percussion, practiced with great caution, dullness at the presumed level of the projectile. The summit of the left lung yielded a tympanitic resonance, and the ear applied to the chest perceived coarse mucous rales with the metallic bruit. Finally, there supervened some expectoration of pure blood, which could leave no doubt of the affection of the lung. The lung had been thus traversed, and there was left, most probably, hæmato-pneumo-thorax.

As to the heart, it beat with its ordinary regularity. Nevertheless, M. Richet believed that he must maintain reserve as to a possible lesion of this organ, the orifice of the entry of the ball being at the level of the apex.

M. Richet prescribed blood-letting copiously, *coup sur coup*, iced drinks, and internal hæmostatics.

On the next morning the patient was seized with an attack of cough, which was followed by a sharp hæmorrhage from the wound. With every movement of inspiration and expiration, there escaped a considerable quantity of frothy blood, with the bubbling discharge of air. At the same time there developed emphysema of all the upper parts of the body. The heart remained always regular, as if impassive, as also the pulse. Death followed in the afternoon from the continued hæmorrhage which nothing could arrest.

At the autopsy was recognized a fracture of the rib at the level of the entrance of the ball. The path of the ball traversed the pleura and the pericardium successively at the level of the apex of the heart, which was the seat of a small contused wound. About a table-spoonfull of clotted blood laid in the pericardium. About the wound could be seen the traces of an extensive contusion of the surface of the heart, produced, without doubt,

by friction against the fragments of the rib. The left inferior lobe of the lung was traversed in its whole extent.

OBITUARY.—In Wiesbaden, Feb. 19, 1874, of apoplexy, in his 65th year, Dr. Karl Ernst Bock, Professor of Pathological Anatomy at Leipsic, for years associate editor of *Schmidt's Jahrbucher*, and during his whole life a most zealous worker in his department of medical science.

SPECIAL RULES for the management of infants during the hot season, recommended by the Obstetrical Society of Philadelphia, 1874,

As worthy of special notice, we extract the last rule:

RULE 11.—Do not wean the child just before or during the hot weather; nor, as a rule, until after its second summer. If suckling disagrees with the mother, she must not wean the child, but feed it in part, out of a nursing-bottle, on such food as has been directed. However small the supply of breast-milk, provided that it agrees with the child, the mother should carefully keep it up against sickness; it alone will often save the life of a child when everything else fails. When the child is over six months old, the mother may save her strength by giving it one or two meals a day of stale-bread and milk, which should be pressed through a sieve and put into a nursing-bottle. When from eight months to a year old, it may have also one meal a day of the yolk of a fresh and rare-boiled egg, or one of beef or mutton-broth, into which stale-bread has been crumbed. When older than this, it can have a little meat finely minced; but even then milk should be its principal food, and not such food as grown people eat.—*The Clinic.*

DESTRUCTION OF BRAIN SUBSTANCE WITHOUT FUNCTIONAL LESION.—Prof. Porta, of Pavia, gives an account (*Archivio Italiano*, November, 1873; abstr. in *Psychiatr. Centralblatt*) of the case of a man who had received an injury of the skull, causing, as nearly as could be estimated, the complete disorganization of the upper right hemisphere. In spite of this extensive lesion, no measurable psychic or sensorial disturbance was observed; and at the end of eighteen months a partial hemiplegia of the left side only, remained. This was apparently somewhat improved by electrical treatment.

The same author reports another case of the *post-mortem* of a woman who had died of fever, without stupor, somnolence, or delirium, in whom the whole right side of the brain was found disorganized by suppuration, the only parts remaining intact being the cerebellum, the pons, the crus cerebelli, and the intraventricular portion.

From these facts Prof. Porta holds that the brain is a double organ, consisting of two similar halves, one of which can do the duty of both; that is, that it is, physiologically, as well as anatomically, double.—*Chicago Jour. of Nervous and Mental Disease.*

Book Reviews.

ANNOUNCEMENT.—At the request of Dr. H. von Ziemssen, Professor of Clinical Medicine at Erlangen, a number of the most eminent clinical instructors of Germany have undertaken to prepare, in a series of

independent treatises, a complete *Encyclopædia of the Practice of Medicine;* the incentive to this labor is the great need which has been felt the past year or two of a work, which fully corresponded to the present standpoint of clinical medicine. This Encyclopædia will embrace the entire range of Special Pathology and Therapeutics, and will be completed in fifteen volumes, large octavo, of from 500 to 700 pages each. The list of contents of each volume, gives the names of the authors and the special departments which they have undertaken. While the work of each writer will bear the stamp of individuality, there will be an effort made to give to each subject the prominence and space due to it only—that the harmony of the entire work may be preserved. It is designed that the Encyclopædia shall be, par excellence, a Practical Handbook for Physicians; and for this reason especial attention has been given to clear and systematic arrangement.

For the value of the whole work, as well as the separate departments, the names of the writers are a sufficient guarantee. Each volume will have a full and carefully prepared index.

Messrs. Wm. Wood & Co. announce that they will publish by *Subscription* a translation of this work. The translating will be done by professional gentlemen, many of them former students of the writers of the different treatises, under the supervision of a responsible chief. Great care will be taken with the mechanical execution of the volume. The type will be large and clear, the paper fine, and the engravings electrotypes of the originals. It is proposed to publish three to four volumes a year, at, as nearly as possible, regular intervals, in order to distribute the cost of subscription equally over about four years.

Terms of subscription, payable upon the delivery of each volume: Fifteen volumes, octavo, muslin binding, per vol., $5.00; fifteen volumes, octavo, leather binding, per volume, $6.00; fifteen volumes, octavo, half morocco binding, per vol., $7.50.

A circular, giving the names of the authors, and the table of contents of each volume, can be had on application to the publishers.

CHICAGO JOURNAL OF NERVOUS AND MENTAL DISEASE.—The second number of this valuable new journal has been received. It is considerably larger than the first number, containing 156 pages. The original contents includes the second lecture on the "Pathology of the Vaso-Motor Nervous System," by J. S. Jewell, M. D.; "Mechanism of Reflex Nervous Action in Normal Respiration," by Prof. Austin Flint, Jr., M.D., with Remarks by Prof. J. C. Dalton, M.D.; "Speech as a Reflex Act—The Phono-Motor Nervous Centre," by Dr. E. Onimus; "Some Remarks on the Theory of Inhibitory or Reflex Paralysis," by C. Handfield Jones, M.B., F.R.S.; "Notes of some Recent Cases of Deafness, following Cerebro-Spinal Meningitis," by Samuel J. Jones, A.M., M.D.; "A Case of Chorea—A New Method of Treatment Suggested," by Prof. Ransom Dexter, M.D., and "Nervous Sore Throat." The Periscope contains a full, complete summary of progress in the study of

the Anatomy and Physiology, the Pathology, and the Therapeutics of the Nervous System—gleaned from a wide field of home and foreign journals.

ARCHIVES OF ELECTROLOGY AND NEUROLOGY.—The Contents of the first No. of this semi-annual journal is as follows: "Electrolysis and Croton Chloral," by Julius Althaus, M.D., of London; "Case of Complete Paralysis of one Recurrent Laryngeal Nerve," by F. I. Knight, M. D., of Boston; "Cataleptiform Paraplegia," by Prof. Moritz Benedict, M. D., of Vienna; "The Nature of Electricity," by Prof. Henry T. Eddy, of Princeton College; "Electrolysis in the Treatment of Strictures of the Urethra," by Robert Newman, M.D., of New York; "A Case of Hysterical Hemiplegia," by Prof. J. L. Cabell, M.D., University of Virginia; "Tinnitus Aurium treated by the Galvanic Current," by T. F. Rumbold, M. D., of St. Louis; "Hysteria and Spinal Irritation treated by Central Galvanization," by W. F. Hutchinson, M.D., of Providence, R. I.; "Some Recent Investigations into the Functions of the Human Brain," by Prof. Roberts Bartholow, M.D., of Cincinnati; "A New Method of Treating Malignant Tumors by Electrolyzing the Base," by George M. Beard, M.D.; "Case of Scirrhus of the Rectum treated by Electrolysis, with Remarks," by Prof. A. B. Crosby, M. D., of New York; "Experimental Researches in the Physiology of the Brain," by George M. Beard, M. D.; "Complete Hemiplegia followed by Rapid Recovery—Probable Embolus," by Prof. Samuel G. Armor, M.D., of Brooklyn; "Medical Jurisprudence and the Medico-Legal Society of New York," by Clark Bell, Esq., of New York; "The Cabinet Battery," by Geo. M. Beard, M.D.; Gleanings from Foreign Journals; Reviews of Althaus, Byrne, and Arthius; New York Society of Neurology and Electrology; The New York Neurological Society, etc.

THE AMERICAN JOURNAL OF OBSTETRICS.—With the present number of this journal, which commences the seventh volume, Dr. B. F. Dawson, by whom it has been so ably edited since its foundation, retires from its management. Dr. Paul F. Munde succeeds to the editorial charge.

As now issued by Messrs. Wm. Wood & Co., the journal has been increased in size so as to give about thirty pages additional reading matter.

Dr. Dawson, in his farewell editorial, states that, "although no longer connected with the *Journal*, I shall watch its future with paternal interest, and it will always be my pleasure to do whatever may help to increase its usefulness and furlher its interests." To this end Dr. Dawson offers an annual prize of $150, gold, for the best essay on some subject to be announced at the beginning of each year. The subject for the present year, as announced, is *Congenital Deformities, and Diseases depending on Maladies of the Uterus or Membranes.* The competing essays to be sent to the publishers, Wm. Wood & Co., on or before April 15th, 1875.

CORRECTION.—In the article by F. K. Bailey, in May 1st No. EXAMINER, page 211, fourteenth line from bottom of second column, instead of *my* read *very*.

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Original Communications.

GLEANINGS FROM CAMP AND HOSPITAL.—III.

BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

THERE are thousands living now who will long remember the seven days voyage up the Tennessee river. Leaving Fort Donelson March 4th, two days were consumed going fourteen miles, to a so-called landing, but in reality nothing but a narrow strip of ground between the river and a wide expanse of water, which was almost impassable. Every man on foot was wet to the waist and those on horses were in peril of being thrown off into the mud and mire. Under such circumstances, hundreds of men embarked upon the Belle Memphis, a floating palace in former times, but now anything but desirable. Every spot on the vessel, above and below, from bow to stern, was occupied by either man or beast, with baggage and all the paraphernalia of an army. The weather was cold and damp. Sometimes the mercury went well nigh to 32°, and an opportunity to approach a cheerful fire was seldom enjoyed, except by those who were in command. Day after day passed away and no one can now tell how many were prostrated by a condition of the bowels, ranging from common diarrhœa to a distressing and exhausting inflammation of the mucous lining of the large intestines, known familiarly in the army as flux.*

* NOTE.—Since writing this, I have read a report of Surgeon J. H. Brinton, U. S. V., giving an account of the campaign of the Army of the Tennessee, from February to June, 1862. (Appendix to medical volume, page 24,) in which allusion is made to this bowel affection. He says: "The physical condition of the men about to engage in this severe action was unpromising in the extreme. Many of them had been suffering for weeks, suffering from the diarrhœa peculiar to the

On the 13th, we landed at Savannah, or at least quite a large proportion of the forces, which required over a hundred boats to transport. The first care of the medical officers was to find a house suitable for a regimental hospital. The 20th Illinois selected an abandoned store-house, which was both comfortable and commodious. In a few days not far from ten per cent. of the command were admitted, some of whom were very sick. Every regiment took possession of some building for a hospital, or made use of tents. When the battle of Shiloh occurred, these regimental hospitals were still remaining, and were soon filled to overflowing by wounded men from that memorable field. They were in the care of medical officers who had been left in charge when the army went to the front. It was under those circumstances that I was left behind, instead of being a participant in that terrible conflict which proved so disastrous to our men. My number was increased from about thirty to more than sixty, besides having twelve of Gen. Buell's advance guard, left on Saturday night before the battle.

Before proceeding further, I beg leave to give somewhat in detail a chapter in my own personal history, in connection with our sojourn at Savannah.

As stated in a former number, my health began to suffer during our stay at Fort Donelson. Was able to keep about and attend to the daily round of duties, till the morning of March 30, (Sunday.) About 9 o'clock A. M. a severe chill came on, which compelled me to take the cot. Feeling conscious that it was no ordinary attack, and that a second paroxysm would probably prove fatal, I at once poured out as much quinine as could well be mixed up in a table-spoonful of water, or some other liquid, and swallowed it. There were not less than twenty-five or thirty grains in the dose.

The chill continued until about noon, but no considerable reaction followed. The quinine acted as a powerful sedative, and no pain was experienced.

There was, however, within an hour or two, a sense of extreme fullness in the epigastric and hepatic region. The tension soon became terribly distressing. Before night, I took a few grains of calomel, and followed it with castor-oil and turpentine.

About 9 o'clock, began to feel the effects of the quinine. My cot was placed with its head in the corner of the room. Instead of the usual tinnitus aurium, there was a sensation as if the head would burst, and on closing my eyes, there appeared to be placed perpendicularly in the ceiling, a boiler forty feet long and of a proportionate diameter, filled with men holding their sledges against the heads of rivets, while scores of others upon the outside were hammering with all their might. Those who have visited establishments where steamboat boilers are made, and listened to the deafening sounds of the operation, can imagine what seemed real at this time. This

Tennessee river. This is said to result from the large amount of animal decomposition which takes place on the shoals, a few miles above Pittsburgh Landing. Whether this explanation be correct or not, it is certain that almost every one drinking the waters of the river suffered a profuse diarrhœa, which resisted obstinately the ordinary therapeutic means."

illusion continued till 3 o'clock A. M., before sleep was possible. About midnight the cathartic commenced its operation, and the amount voided was beyond comparison with anything before experienced. Before each evacuation there seemed an antero-posterior slice to be removed from the engaged liver, about an eighth of an inch in thickness. Most of the night passed in this process, which can be described in no better way than above. If I remember rightly, there were no less than twelve or fifteen of those lamina displaced before the mass was removed. When morning came, there was relief from distress, but prostration is a feeble term to employ to express the real condition. There was an intermission of the cranial demonstrations, and no fever came on in the afternoon. At 9 P. M. returned the beating, and the same illusory visions of the previous night. From 3 to 6 there was some sleep, but another fearfully distressed day was passed, followed by a third night of undiminished horror. Sometime on Sunday a medical officer called to ask if Dr. Francis Weaver, of the 45th Illinois infantry, could be brought to my room from his very indifferent quarters in another place. He was told to bring him in by all means, if his condition could thereby be improved. He, too, had been attacked with some grave affection and lay in a mere shed. But he did not come. The doleful funeral dirge, which was played by his escort to the grave, on Wednesday morning, explained his non-appearance. That music was no more pleasing than the hammering of those fancied machinists. During this eventful week, until Friday, my patients up stairs were receiving no attention, except one visit made by my friend, Dr. Harris, of the 53d Illinois. I found on attempting to arise from the cot that there was no power in the spinal muscles. It was impossible to assume the erect posture without assistance. With the aid of a man on each side to lift my weight, I was enabled to go up and attend to the sick. Days and nights passed wearily away till Sunday morning, at an early hour, when we heard a roar of artillery, soon followed by musketry, which ushered in the famous battle of Shiloh. During the night previous Gen. Buell's forces were passing along in front of my room, on their way to the contest; twelve of his advance guard had been tumbled in upon the floor of a room adjoining my own. I was barely able to look at each one without even knowing their condition. Here were more than thirty men in all, with no one able to prescribe for them.

Before Monday night, however, our already crowded rooms were reinforced by an addition of twenty or thirty more, from the battle-field.

By this time I was able, by the help of faithful and willing soldiers, to dress the wounds and prescribe for the sick. For a whole week or more it was necessary to be helped to my bed after sitting down by the bed-side. A strong will, with a tolerably good constitution, enabled me to surmount all the fearful and well-nigh fatal conditions above described. An appetite, such as had not obtained for weeks, soon appeared, and the timely arrival of a fleet of sanitary steamers brought all that heart and stomach could desire. Kind and sympathizing friends also came to cheer the sick and wounded,

and to convey such as could be moved, to the well-appointed hospitals in the North.

The number of men who were at Savannah within a week after the battle, has been estimated as high as 2,800. Every available room was filled, besides great numbers were placed in tents.

For two weeks or more I did not go outside of my own division. On looking over the cases received from Buell's command, I found one young man that was laboring under tetanus. Three days before coming in, the great toe of one foot had been crushed by a wheel passing over it. His comrades reported him sick with mumps at first, but the stiffened jaws were closed by that fearful malady which art seldom relieves. He died on Wednesday, the 9th. His name, as given at the time, was T. H. Parkinson, Co. " F," 19th Ohio. He was not over twenty years old, and a finely formed man. The toe had not been dressed, that we could ascertain, for some days, and the discharges were feted when I first saw the case.

Allusion has been made to the prompt and efficient aid afforded by the arrival of sanitary supplies after the battles of Fort Donelson and Shiloh. Without that source of relief, no tongue can tell what amount of suffering would have been endured. For a soldier in the field, who is well and fit for his duty, the army ration will suffice. Let him become sick or wounded, and more is required, and the kind hearts of those we had left behind us contributed their full share in the cause by following close upon our march with those appliances known as Sanitary Supplies.

And not only were incredible quantities of everything of this character provided, but self-sacrificing men and women left their homes and distributed these articles among the suffering.

On Sunday or Monday, Capt. Cleghorn, of Co. " B," 20th Illinois, was brought in and laid on a cot near my own. A bullet had struck the right arm, anteriorly and near the middle; passing upwards, it encountered the humerus, and caused a comminuted fracture. No place of exit could be found, and the missile was supposed to lie upon the inside a little below the axilla. I removed the dressing which had been applied upon the field, replacing them with others. Two or three surgeons who examined the limb advised amputation, but my idea was that of conservatism. In this opinion the wounded man fully concurred. In a few days he was conveyed to a boat and carried to Cincinnati. On the way, I was subsequently informed, a friend was obliged to stand over him in a threatening attitude to keep him from the knife. He ultimately recovered so as to be able to enter the regular army, where he was, at my latest advices. Capt. North, of Co." E," 20th Illinois, came in also, with a severe wound upon the right side of the neck. It was painful, and its most interesting feature consisted in the fact that the flying missile avoided the blood-vessels. Lieut. Col. Richards, also, was disabled by a bullet, which struck the buckle of his sword-belt, causing a tumefaction upon the left side of the abdomen, near the crest of the ilium. The shock was severe, and there was apprehension for a time that suppuration would take

place. A private had a fore-arm shattered, a spicula of bone wounding one of the arteries. Secondary hemorrhage occurred within a week, and, after trying the persulphate of iron to no effect, the vessel was tied. This was the only operation which was required in No. 4.

Translations.

ON THE LOCAL TREATMENT OF PULMONARY CAVITIES, BY PROF. F. MOSLER, OF GREIFSWALD.

A Resume of the Author's Various Reports, by the Editor of the Allgemeine Wiener Med. Zeitung.

Translated for The Examiner *by* Dr. H. Gradle.

THE general, scientific and practical interest connected with this new mode of research; the, at least, partially favorable expectation of substituting another for our previous role of idle spectators in this terrible malady; the more active, dignified interference of the true physician, which hope has received a new foundation by employment of this novel therapeutic method, is certainly sufficient excuse for informing our readers of the last progress in this direction.

Since scientific research has shown that under certain conditions every pulmonary inflammation may bring about caseous degeneration and suppuration of the tissues it invades, and that the caseous matter is infectious, a more local treatment has seemed to be proper, for it is well known that the caseous processes are quite analogous to the morbid changes induced by contagion, and thus new *foci* of disease continue to arise, not only in the lungs, but in all organs, to which the secretions of the affected parts have access. Mosler has observed in his clinic a patient, suffering from caseous pneumonitis, who, in spite of repeated advice, made no efforts to throw out his sputa, but continued to swallow them, until his death by a secondary affection of the intestines. Mosler has now adopted the view that since disinfection reduces considerably, if not destroying totally, the inoculability of infectious substances, it is a clear therapeutic indication to render harmless and, if possible, remove from within, the caseous matter retained in the system. Acting accordingly, he has proposed to enter pulmonary cavities by a way through the thoracic walls, after inhalations of carbolic acid conjoined with the use of expectorants had been employed in many cases with but little show of success. The first attempt was made by the author on a consumptive patient, aged 51 years,

more with the intention of testing the possibility of the method than as a mode of cure, as the last stage of the disease, which the patient had reached, promised but little chance of amelioration. The highly cachectic individual had a superficial cavity in the right upper lobe, traceable to the fourth rib.

On the first of November, 1872, Mosler introduced the rather stout canula of Tiersch's aspirator in the second intercostal space at a distance of six cm. from the right sternal margin, and pushing it in deeply, injected twenty minims of a highly diluted solution of potassic permaganate, whereupon the aspirator was removed, the canula being retained in the cavity in order to repeat the injection. On the fourth day the canula became obstructed and was removed also, all operations having been endured by the patient without any ill effects. The same procedure was repeated by Mosler in February, 1873, on another patient, with bronchiectatic cavity of the left side, the secretion of which had assumed a very foul smelling, putrid state. Five injections were well borne and resulted in an improved character of the sputa, as well as in several ameliorations. Thus convinced of the possibility of the method, Mosler adopted the modification to establish a complete drainage for the secretion. A painter, aged 49 years, treated for five years in the author's clinic for a cavity in the right upper lobe and who had had attacks of hemoptysis, was greatly emaciated, frequently in a febrile condition, and whose urine was highly albuminous from amyloid renal degeneration, was operated upon, July 2, 1873, by Profs. Hueter and Mosler, in the following way:

An incision three cm. in length was made along the upper margin of the third rib about five and a half cm. from the right sternal margin, separating the integument and superficial intercostal muscles. Now, since the long duration of the malady warranted the belief that firm adhesions existed between both pleural layers, the polypus-forceps was employed, after widening the wound, gradually encroaching upon the cavity, the opening of which was announced by a whistling inspiratory noise, while a foaming, purulent secretion escaped without any hemorrhage whatever. Dilating the aperture, a thick silver drainage-tube was inserted, attached with adhesive straps, and subsequently closed with carbolated lint, and the wound covered with the ice-bladder, the entire operation being well borne by the patient.

His temperature was registered that evening at 37.8°c (100°f.); the pulse beat eighty-four times per minute to thirty-six respirations; pus flowed freely through the canula, especially during a fit of coughing. The dressing was renewed repeatedly, while cough and expectoration gradually diminished. On the twelfth of July hemoptysis set in, probably caused by granulation in the cavity; soon, however, discontinuing on injection through the canula, of a diluted solution of liq. ferri perchlor.; subsequently by means of an atomizer the spray of a diluted mixture of carbolic acid and tincture of iodine was twice daily blown through the canula; feeling, as the patient professed, as if it entered the cavity. An injection of a larger quantity of

potassic permanganate by means of Esmarch's irrigator was not as well borne, being followed by a sense of depression and febrile reaction; it was therefore discontinued, as a sufficient quantity of the atomized fluid could be introduced during deep respiratory exertions of the patient.

(*To be Continued.*)

Editorial Department.

IS OVULATION THE SOLE CAUSE OF MENSTRUATION?

DR. C. C. Matteson, in an essay published in the *Obstetrical Journal*, (April, 1874,) reviews the evidence in relation to this question and gives brief abstracts of ten cases, collated from various sources, in which menstruation has continued regular after the removal of the ovaries. In one case reported by Dr. W. L. Atlee, menstruation continued regular for ten years, after the operation, when it ceased, at the age of forty-six years.

In concluding his essay the author says:

"The attention of the medical world has, only for a comparatively short time, been directed to the consideration of this phenomenon, so that the notes of many of the cases are necessarily incomplete. In attempting to account for the few instances, at first reported, the discharge was attributed to habit. It was, and indeed is now, argued, that the catamenia, being established through the agency of ovulation, continued to appear, after the removal of the ovaries, from a habit of the economy. This argument might be worthy of consideration in reference to the earlier and incomplete cases, where the flux appeared but once or twice; but it hardly seems rational to attribute to such an agency as habit, a regular, periodical discharge continuing through nine or ten years. Moreover, were the continuance of the menses due to habit alone, we should justly expect that, as the exciting cause became the more remote, gradually the effect would become less and less marked. Is this the fact in the cases recorded? Apparently not so. Indeed, Dr. Battey states that the metrostaxis was 'more profuse and hemorrhagic' than ordinary menstruation. Under these circumstances, therefore, habit seems insufficient to account for the phenomenon presented. What then remains? Can we fail to admit, with our present knowledge, that menstruation does take place when the ovaries are wanting?

Attacks have been made upon the ovular theory from various quarters, and none of these assaults have been able to overthrow it. Yet, among its strong defences was ranked the invariable cessation of menstruation upon the removal of the ovaries, but this defence seems hardly tenable, under our present information. Future investigations will lead into new trains of thought, and prove or disprove all previous theories; but from the facts presented, and arguments entered into, it seems but right to admit that ovulation cannot be the *sole* cause of menstruation.

ILLINOIS STATE MEDICAL SOCIETY.—The Annual Session of this Society convened in this city on Tuesday, May 19th. There was a large attendance of members and delegates from all parts of the State, and an unusual degree of interest was maintained throughout the meeting.

On Wednesday evening the guests from abroad were entertained by the Profession of the city at a banquet at the Grand Pacific Hotel.

The dinner was served in the most elegant and elaborate style of this truly grand and magnificent hotel, and the evening proved a most happy and enjoyable one to all present.

The first toast to *Our Guests* was very happily and appropriately responded to by Prof. J. Adams Allen, and was followed by a reply from Dr. T. F. Worrell, of Bloomington, ex-President of the Society. Sentiments were also briefly responded to, on behalf of the Chicago Medical Society, by Dr. W. E. Quine; on behalf of the Chicago Society of Physicians and Surgeons, by Dr. John Bartlett, and on behalf of the Legal Profession, by Judge H. Booth.

The farewell *good night* sentiment was replied to by Prof. N. S. Davis.

As the artificially *enlivening* and *stimulating* influences of the *ruby wine* or the *sparkling champagne* were not called into requisition, the universally pervading spirit of mirth and jollity, progressively increasing to an uproarious pitch at the close, could only be explained on the supposition that over-eating, as well as an excess in drinking, may be capable of overpowering or intoxicating the intellectual faculties.

On Thursday afternoon the members visited, by invitation, the Rush Medical College and Cook County Hospital, and the Chicago Medical College and Mercy Hospital. At the former institution an experiment in the transfusion of blood in a dog was exhibited by Prof. J. W. Freer, and a practical exhibition of the use of the aspirator given by Prof. E. Powell.

The officers elected by the Society for the ensuing year were :

President—Prof. J. H. Hollister.

Treasurer—Dr. W. E. Quine.

Permanent Secretary—Dr. T. D. Fitch.

The next place of meeting to be held at Jacksonville.

We had hoped to be able to give a detailed account of the proceedings of the Society, the discussions, etc., in this number of THE EXAMINER, but are obliged to defer it until our next issue.

IN a recent number of the *Berlin Klin., Wochensch*, Dr. Fr. Schultze calls attention to a few cases of tetanus that are highly interesting in an etiological point of view. These three cases very strangely supervene upon severe febrile attacks, though the Dr. does not state the exact period in the course of the disease at which the symptoms of tetanus commenced to appear. In the first case it was evolved from an attack of small-pox without any other known predisposing cause, while in the other two cases it was from typhoid fever.

F. J. H.

Society Reports.

TRANSACTIONS OF CHICAGO MEDICO-HISTORICAL SOCIETY.

CONSTITUTION AND BY-LAWS.

AT a meeting held at the office of Dr. N. S. Davis, April 21st, 1874, composed of physicians representing the general profession, and the various colleges and hospitals in the city, Dr. Alex. Fisher was called to the Chair, and Dr. J. N. Hyde to act as Secretary.

On motion of Dr. Hay, seconded by Dr. Jackson, it was voted that a committee of five be appointed by the Chair, who should be empowered to draft the Constitution of an organization for the purpose of collecting and preserving the archives of the profession, and of registering the names and addresses of its legitimate members.

The Chair appointed as members of the Committee Drs. T. D. Fitch, Bridge, N. S. Davis, Bevan, and Hay.

At a subsequent meeting, held April 28th, 1874, in the Club Rooms of the Tremont House, the Committee submitted their report. After due deliberation, the following was declared to be the

CONSTITUTION OF THE SOCIETY.

ART. I.—This Association shall be called "THE CHICAGO MEDICO-HISTORICAL SOCIETY."

ART. II.—Its objects shall be to discover, procure and preserve, whatever may relate to the medical history of Chicago and vicinity, and the publication of such information as may be from time to time determined upon.

ART. III.—It shall consist of, at first, not less than twenty-five members. Candidates for membership shall be nominated by the Committee on Publication, at a regular or special meeting; and at a subsequent meeting they may, on ballot, be elected by a three-fourths vote of all members present; *provided*, the first election of members shall be by the general meeting of the profession at which this organization is effected.

ART. IV.—Members may be suspended or expelled on charges of negligence of duty or other misconduct, preferred at a stated meeting, and being within five days thereafter communicated to the accused by the Secretary, at a subsequent stated meeting, by a two-thirds vote.

ART. V.—The officers of the Society shall consist of a President, a Vice-President, a Secretary, a Treasurer, a Diarist, and an Editor. There shall also be a Standing Committee on Publication, to consist of the President and Editor *ex officio*, and three elected members. These officers (excepting the Editor and Committee on Publication, whose duties are hereinafter designated) shall perform the duties usually appertaining to their respective positions. They (excepting the Editor) shall be elected at the anniversary meeting. The Editor shall hold office indefinitely; but a new election may be ordered by a majority vote, at the anniversary meeting, or at any stated meeting, on the requisition of the Committee on Publication, or of any five regular members of the Society, notice of

such requisition having been given at a previous meeting, and by the Secretary, to each member.

ART. VI.—The Editor, with the advice and assistance of the Committee on Publication, shall prepare and publish "The Chicago Medical Register, etc.," and such other matter as the Society shall from time to time direct, under such regulations as may be recommended by the Committee on Publication and approved by the Society.

ART. VII.—The Committee on Publication, presided over by a Chairman of its own choice, shall assist the editor in the selection and preparation of material for publication, make all the necessary financial arrangements, and exercise such immediate control of the "Register" as it is inconvenient for the Society as a whole to exercise; but shall at no time admit or exclude from the "Register" the name of any practitioner whose claim to admission, or the justice of whose exclusion may be open to any question of doubt, except in obedience to the action of the Society, to which all questions of this nature shall be submitted at its several meetings. It shall attend to the keeping of the books, etc., appertaining to irregular practitioners, discharge the duties of the "Biographical Library," and "Portraiture Committees," and act as a Committee on Nominations. It shall report its proceedings to the Society at such times as the former may deem expedient, or the latter may order, and be in all things subject to the control of the Society.

The election under the Constitution resulted as follows:

Dr. R. C. Hamill, *President;* Dr. D. B. Trimble, *Vice-President;* Dr. A. R. Jackson, *Editor;* Drs. Bevan, Owen and Bridge, *Publishing Committee;* Dr. Wickersham, *Diarist;* Dr. Chas. W. Earle, *Secretary;* Dr. R. G. Bogue, *Treasurer.*

On motion, it was voted that a committee of three be appointed by the Chair to propose By-Laws for the Society.

The Chair appointed Drs. E. Ingals, Bartlett, and Dexter.

At a meeting held May 5th, the Committee on By-Laws submitted their report, and the Society, after careful consideration, declared the following to be the

BY-LAWS OF THE SOCIETY.

ART. I.—The Society shall hold stated meetings on the last Tuesdays of January, April, July and October of each year, at 8 o'clock P.M. The annual election of officers shall be at the April meeting; but should there be no quorum for such election, the meeting may be adjourned from time to time, as circumstances may require. Special meetings shall be called by the Secretary, on the requisition of any five members of the Society: and the object of such meetings shall be stated in the notice to members by the Secretary.

ART. II.—The Order of Business shall be, 1st, Roll-Call; 2d, Reading of Minutes; 3d, Report of Treasurer; 4th, Report of Diarist; 5th, Report of Committee on Publication; 6th, Report of Special Committees; 7th, Unfinished Business; 8th, Miscellaneous Business; 9th, Adjournment.

ART. III.—No one shall be admitted to membership in the Society who does not give satisfactory evidence of having received a diploma from some respectable medical college; and violations of the code of the American Medical Association shall be cause of rejection or expulsion.

ART. IV.—Any member who shall have omitted payment of dues for three months, or who shall have absented himself from three consecutive stated meetings, shall be declared by the President, at the next subsequent stated meeting, to have thereby forfeited his membership; *provided*, the Secretary shall have given notice to such member of his neglect, and its

consequences, and the penalty is not remitted by vote of the Society. Permanent removal from the city may be decided by vote of the Society as equivalent to resignation.

ART. V.—Any funds necessary for the carrying on of the work of this Society shall be raised by regular and equal assessment of all the members, said assessment to be made by the Committee on Publications, subject to the approval of the Society.

The Society adjourned, to meet at its stated time, the last Tuesday in July, or subject to call by the Secretary, as provided in Art. I, By-Laws.

CHAS. W. EARLE, Secretary.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

ANNUAL MEETING OF MAY 11TH, 1874.

Reported by Plym. S. Hayes, M. D.

THE Society met in the parlor of the Grand Pacific Hotel, the President in the Chair.

The Secretary read the minutes of the two preceding meetings.

Drs. G. H. Chapman and Wm. Rofe were then elected to membership.

The Secretary read the annual reports of the Treasurer and Secretary, which, on motion of Dr. Emmons, were accepted. It was also voted to present the report of the Secretary for publication in the *Chicago Medical Journal*, and the MEDICAL EXAMINER.

Subjoined is the Report:

SECOND ANNUAL REPORT OF THE SECRETARY OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS FOR THE YEAR ENDING, MAY 11TH, 1874.

Mr. President and Gentlemen:

In the presentation of the Report of the Secretary for the year, which closes with this date, I have thought it proper to prepare an Abstract of the Proceedings of the Society for the period covered by the Report. A similar Abstract was read to you at the last annual meeting, and at the close of the year 1873, I published an Abstract of Proceedings for that period also. The reasons for this step were based upon the fact, that a large number of medical men habitually renew their subscriptions for medical periodicals at that season, and consider it a fitting occasion for subscribing for new ones. I therefore deemed it advisable to present our claims upon their consideration at that time, by supplying them with information as to the work accomplished during the year then brought to a close. I refer to this now, merely to explain that the subjoined Abstract covers a period from May 12th, 1873, to May 11th, 1874; and differs from the last in the *inclusion* of Reports from January to May of this year, while those proceedings which ex-

tended from January to May of 1873, are purposely omitted:

I.—REPORTS.

1. Annual Reports of Officers for year 1872-3.
2. Annual Report of Surgical Section, (3 papers): * (*a*) On Uranoplasty and Staphylorrhaphy; * (*b*) on Stricture of the Urethra and Rectum; (*c*) on the Electro Therapeutics of Surgery.
3. Annual Report of the Section on Pathology, (2 papers): (*a*) On General Pathology; (*b*) on Pathology of the Nervous System.
4. Reports of the two special committees on Cholera: * (*a*) On the treatment of the Epidemic of 1873; † (*b*) on the Pathology of the Disease. The paper being illustrated by sections of the human intestines, magnified by the solar microscope, and illuminated by the oxy-calcium light.
5. Report on the Endemic in Chicago with map of localities.
*6. Annual Report of Section on Gynecology for 1873-4.
7. Report on the Therapeutic Value of Cosmoline.

II.—PAPERS.

1. On the Progress of Medicine.
2. On some Questions in Therapeutics.
*3. On the Faradaic Currents.
*4. On Waxy Kidney.
*5. On A Review of Hall's Surgery, London, 1565.
*6. On the Physiological Relations of Alcohol.
*7. On Lime Vapor in Membranous Croup.
*8. On the Cervix Uteri, Before, During and After Labor.
†*9. On the Marsh Fungi Productive of Malarial Disease—Illustrated by colored sketches of Palmellae, microscopical specimens of sporules, blood, saliva, &c.
*10. Abstracts of the Literature of the Cholera of Later Days.

III.—REPORTS OF CASES.

1. False Pregnancy.
2. Extirpation of Testis.
*3. Chronic Inflammation of Stomach with magnified and illuminated sections—exhibition of stomach in gross. Report of Microscopy and Pathology.
4. Cases of Cholera in Chicago, 1873.
5. Cases of Cholera in Louisville, 1856.
6. Additional Cases in Chicago, 1873.
7. Additional cases in Chicago, 1873.
*8. Thirteen Cases of Uterine Fibroid Tumors, treated with hypodermic injections of Ergotine.
9. Foreign Body in the Urethra.
10. Death from Gunshot Wound of the Cerebral Sinuses.
11. Sciatica Resulting from Suppressio Mensium relieved by the thermo-electric bath.
*12. Two Cases of Parietal Gaseous Abscess of the Abdomen.
*13. Empyema and Paracentesis.
*14. Re-amputation of Leg — (Esmarch's method).
15. Three Cases of Operation for necrosis of femur—(Esmarch's method).
16. Amputation of Fingers — (Esmarch's method).
17. Accidental Amputation at Shoulder-joint.
*18. Delirium tremens.
19. Fracture of Pelvis.
20. Pott's Disease.
21. Stricture of Urethra.
22. Procidentia of Bowel mistaken for Umbilical cord in Parturition, with fatal results.
23. Aspiration of an Ovarian Cyst.
24. Suicide by Opium Poisoning.
*25. Abstract of Forty-nine cases treated in the Woman's Hospital of Illinois.
*26. Case of Ovariotomy for colloid degeneration.
*27. Case of Operation for Staphylorraphy, the anæsthesia being produced by the atomizer.

IV.—SPECIMENS PRESENTED.

1. Ossified Cardiac Valves.
2. Cancer of the Uterus, with report of case.
3. Hypertrophied Heart, with report of case.
4. Uterus in case of suspected abortion.
*5. Calcareous degeneration of pericardium and greatly enlarged ureter, with report of case and microscopy.
6. Cholera dejections under the microscope, with history of the case.
7. Patient with complete loss of epiglottis and unimpaired power of deglutition.

Number of meetings during the year: 23

regular and 1 special. Number of new members added during year, 43. Total attendance during the year, 418. Average attendance each meeting, 18.2.

The following is a brief résumé of the special action taken by the Society during the year: The Sections on Medical Science have been increased in number; rules regulating the invitations to non-members, for the purpose of participating in debate, have been passed; a precedent has been established by vote, requiring the Censors to report in the case of every candidate for membership, either favorably or unfavorably, doing away with the neglect to report on names of suspected individuals; a resolution has prevailed, urging the attention of our Congressional Representatives to the Rule for Regulating the Rank of Medical Officers of the Army, and a By-Law has been added authorizing the annual appointment of a Committee on Necrology. Women have been expressly excluded from membership by vote. The Committee on Clinical Reports—newly created—has added largely to the character and interest of the Society's transactions. Delegates have been chosen for the representation of this organization to the State Medical Society, and a committee of your appointment is now cooperating with a similar committee from the Chicago Medical Society, for the purpose of giving an entertainment to the members of that Society, who are expected to be our guests during the coming week. It is proper to state here, also, that a nucleus for a Medical Library has been found in the three volumes of the "Catalogue of the Library of the Surgeon General's office," presented to the Society by the Asst. Surgeon General of the Army. Lastly, the change in the locality where our meetings have been held is one which was effected only with hesitancy, and after considerable deliberation. It is believed that at present there are none who doubt the wisdom of such action when the exigency for it occurred. Certainly, in point of attendance and interest, there has been an impovement which is commensurate with the value of the Society's transactions.

I desire to bring to your attention, before closing this Report, certain suggestions whose value lies chiefly in the fact that they arise from a practical acquaintance with the work of this Society during the year just closed, and I recommend such action in the future as will embody the views of members upon the points at issue.

And, first, it seems to me to be desirable to establish a regulation which shall prohibit the admission of medical men to our ranks until they are graduates of at least *one* year's standing. It seems right and proper that a period of probation should be fixed before the expiration of which, the alumni of our Medical Schools cannot be candidates for membership. For, in the first place, many of them are anxious to avail themselves of the full privileges of the doctorate, before they are really settled in life or in practice; and, secondly, such a regulation is to be found in most, or many, of the rules of associations similar to our own.

Again: The Code of Ethics of the American Medical Association — a code which, admirable as it is in all respects, is a part of the regulations

Note to Abstract.—Papers marked † received a vote of thanks from the Society.

Papers marked * have been published in the medical periodicals.

of the Society—provides that medical men who carry on the business of a druggist, or are interested, financially, in the traffic of a drug-store, are debarred from the full privileges of the honorable profession of which we are members. This is a subject upon which it is difficult to speak. On several occasions during the past year, statements have been made to me to the effect that individuals who were members of this Society were interested in the prosecution of the business of a druggist. I do not know if these statements are founded upon fact, but if so, certainly they demand the earnest and immediate attention of this Society. Not that these individuals, if such there be, have been guilty of any offence which reflects upon their character as upright or moral members of the social community in which they live. Far from it. The question is simply this: "Shall those who rely exclusively upon the rewards of professional labor, and such sources of private income as they may possess, for the support of themselves and their families, admit to all the privileges, safeguards and honors of the profession, those who appeal to the public for patronage of another sort?" The question has been so decidedly answered in the negative, by the voice of medical practitioners throughout our country and abroad, that I shall not discuss it here. I merely present it to you for the answer which I am confident you will not fail to return. A third suggestion I consider of so much practical moment that I wish I had the time to dwell upon its details. It seems to me desirable to arrange, and place in the hands of every member, an "order of papers, reports and cases," for certain dates of the *entire* year. This order, which should be, in the parliamentary sense, a "special order," might be printed on slips, and distributed for file by every interested individual. It should state:

1st. The dates upon which the *sections* are to report. Formerly the sections were made so large that they included most of the members of the Society. With our present numbers, this is obviously impracticable, and it would seem desirable to constitute the sections, as contemplated originally in the resolution providing for them, in such a manner that three members only shall be assigned to each section. These members should be selected for their special fitness or willingness to prepare reports on the subjects contemplated, and to pledge themselves to present such reports on certain fixed dates, in order that the dates assigned for other business should not be encroached upon. The plan of these sections has attracted some attention from our friends who are not connected with this organization. It is the result, doubtless, of the publication of the annual reports in the medical journals of our city. I was recently waited upon by a delegation from a sister Society, who requested information respecting the ordering of these sections with us, and I was pleased to give the fullest account of the method—a method which they have since seen fit to adopt. These reports generally present an abstract of material, published during the year, upon the subject assigned to each particular sub-section. But it is desirable to remember that *original* contributions are not excluded from these reports. They are, by regula-

tion, required to present "new or interesting" facts, and the assignment of the sections to members having special interest in the field of medicine, or surgery allotted to them, would seem to indicate that "new or interesting" observations of an *original* character might be also profitably reported.

2d. The second class of business which should be calendered in the "special order for the year," is, the reports of the Clinical Committee. As I have already referred to their work, I need only say here that it promises to add greatly to the interesting features of our meetings during the coming year, and it would seem proper that the present chairman, whose appointment now dates back but a few weeks, should be continued in a position which is one of responsibility, and which he filled eminently to the satisfaction of his associates in the various hospitals represented in the Society.

And, lastly, the "special order for the year" should include the names of these members who are willing to pledge themselves to present papers at certain dates in the year, (to be specially designated,) together with the subjects upon which they propose to write. By this means, every individual will have some knowledge of the work contemplated by the Society for the year, and can prepare himself in advance, to take part in the discussions which should follow, with credit to himself and with advantage to others. I will not repeat here the remarks quoted by me in the First Annual Report, which I had the honor to submit to this Society in May, 1873. They were from the lips of the distinguished President of the New York Academy of Medicine. They set forth with great plainness and emphasis, the well-known fact that only those, who from long experience as writers or teachers were qualified to speak extempore upon medical subjects, could do so, without previous study and investigation, in a manner at all satisfactory to themselves or others. Preparation—careful, systematic preparation, on the topics to be brought forward for discussion—could only make those discussions valuable to the scientific world. The notices of meetings, which are addressed semi-monthly to the members of the Society, can rarely, for obvious reasons, present fully the subjects to be discussed, and a reference to the "special order of the year,"—if printed and distributed as recommended above—would at once indicate, on many occasions, exactly what business was to be brought forward at any given date.

My apology for thus presuming to indicate, what seem to me to be suggestions of a practical character deserving your attention, and for setting them before you somewhat at length, must be found in the interest which is natural to one who has been actively engaged in executing the work of the Society since its organization. And I cannot conclude without expressing my thanks in general to all those who have efficiently contributed to assist in the pleasant duties which have devolved upon me. To Dr. P. S. Hayes, the Reporter of the Society during the last year, I am under obligations for valuable aid in recording and reporting our transactions. To the Editors of the two medical journals, the Society is deeply indebted, for the publication of all such reports

in full, as have been forwarded to them; and their action, in my opinion, has contributed more to the respect entertained for the Association by the profession, in this and other cities of our country, than any other agency. Not infrequently have I noted quotations in Eastern periodicals, of later dates, especially, from the pages to which they have had access in their exchanges, which have given clinical and other observations, first brought before the medical world in the meetings of this Society.

Nor can I conclude without an expression of my congratulations upon, not merely that which you have already accomplished, but that which you are sure to accomplish in the future.

On the 14th day of August, 1843, there was erected in the City of Bourg, in France, a bronze statue, representing a man in the attitude of meditation. One hand was placed upon the heart of a child standing by his side, and it seemed, by its touch, to take note of the pulsations in that region. At the feet of the two figures reclined the image of an inanimate body, beside which a symbolic lamp was burning, as if to illuminate the sombre domains of Death.

This monument, the work of the great French artist, David, was designed to commemorate the life and work of the immortal Bichat, whose physiological researches seemed to have opened to him the portals of the secret chambers of Life and Death. The problems before us are those which were before him—the problems of life and death—problems, whose solution has, for centuries, taxed the greatest intellects of our profession—problems, whose gravity and tremendous importance impress us with the need of sober, steady and resolute exertion. It is ours to keep alight the sacred flame represented in the sculptured figure of the artist, the lamp fed by the accumulated oil of generations of our co-laborers in science. It is ours to perpetuate such a light as shall illuminate and, at the same time, involve no danger in the fervency of its blaze. The Esquimaux is said to trim his seal-oil lamp in his hut of snow, fearful lest the icy walls should melt before its presence. Let *us* build of such material, that the reflection of light upon the walls which we rear may only serve to render them the more beautiful and enduring.

Chicago, May 11, 1874.

In compliance with a motion, the President named Drs. Trimble, F. H. Davis, and Blake, a Committee on Nomination of Officers. The committee withdrew, and after consultation presented the following names as candidates for the various offices: For President, Dr. John Bartlett; for Vice-President, Dr. John E. Owens; for Secretary and Treasurer, Dr. J. Nevins Hyde; for Censors, Drs. D. B. Trimble, J. H. Hollister, and Walter Hay; for Reporter for the medical press, Dr. Ralph E. Starkweather.

On motion of Dr. Andrews, the Secretary was instructed to cast a unanimous ballot for the nominees.

Dr. Bartlett, President-elect, was then conducted to the chair by Drs. Trimble and Owens.

Dr. Delafontaine then delivered a lecture on the examination of blood, by means of the spectroscope. He thought the spectroscopic examination of old blood was more definite and conclusive in its results than that

by the microscope. After the lecture he showed the absorption spectra of old and fresh blood.

A vote of thanks was tendered to Dr. Delafontaine for the communication of the result of his researches to the Society.

Dr. E. Andrews, one of the Committee on Hospital Reports, then read a paper on the mortality of amputations in the Western, as compared with those in the Eastern States, and Europe. From statistics that he had gathered and compared, he found that in four of the major amputations, viz.: of the thigh, leg, arm, and fore-arm, the mortality in the States surrounding the lakes was nearly the same, in hospital and civil practice, whether in the city or country. The mortality in the Western was less than in the Eastern States; and that of this country, collectively, less than that of England; while a less number died in England from these amputations than in France, where the mortality was the greatest. He dwelt on the conveying of septicemic poison in the form of dust, and on ventilation, and the cleansing of beds.

The following table shows the mortality after amputations of the arm, fore-arm, thigh and leg, in different countries, (excluding amputations through the joints):

MORTALITY.	*Per ct.*
Hospitals of Chicago	23
Private practice in the Cities and States around Lake Michigan	22
Country practice in the same States	20
Hospitals of the Atlantic States	26
Hospitals of Great Britain	42
Hospitals of Paris	62

Dr. Trimble moved that a vote of thanks be extended to the retiring officers, and the motion prevailed.

The following motion of Dr. Simon was adopted.

Resolved, That the delegates to the State Medical Society, from this Society, recommend to that body the advisability of memorializing Congress on the subject of the remission of duties on scientific books.

After a discussion of certain parliamentary usuages the Society adjourned.

CHICAGO MEDICAL SOCIETY.

REGULAR SEMI-MONTHLY MEETING MAY 18, 1874.

Reported by Will. T. Montgomery.

THE Society met in the parlor of the Gault House, President Dr. Quine in the chair. Special order of business for the meeting: Lecture by Prof. Delafontaine on the Spectroscopic Appearance of Blood.

The President referred to the continued absence of a portion of the Committee on Membership, and suggested that some action be taken in reference to it. Dr. Earle moved that a temporary committee be appointed to act in the absence of the regular one. Carried. The President appointed as such committee Drs. Paoli, Ingals and Strong. The Society next listened to the Lecture announced for the evening.

In his Lecture, the Professor referred to the controversy between differ-

ent investigators as to whether or not it is possible to distinguish, by means of the Spectroscope, between fresh and old blood. He, with Dr. C. P. Simon, had instituted experiments for the purpose of determining this, and had used four specimens of blood as follows: First, cattle blood two years old. Second, his own blood four weeks old. Third, oxen blood three days old. Fourth, blood two days old from a fatal case of hydrophobia. The fresh specimens present two dark bands in the spectrum; one in the green and one in the yellow. The old specimens present an additional dark band in the red. This is very distinct in the specimens two years old, but in the specimens four weeks old it is merely a faint line. The additional band is invariably present in old blood. The Professor thinks that the spectroscope is more reliable as a means of determining the qualities of blood than the microscope, and predicts for it a wide range of usefulness in examinations of the urine for bile, &c. He referred to some peculiarities presented by the blood of the hydrophobia patient. It remained fluid much longer than healthy blood, but decomposition began earlier. Two days after the death of the patient, bacteria began to appear in the blood and multiplied very rapidly. Two varieties of fungus were also discovered. The Lecturer and Dr. Simon exhibited two specimens of blood by means of the spectroscope which members of the Society were invited to examine.

A vote of thanks was given the Professor for his interesting lecture.

Dr. Worrell, President of the Illinois State Medical Society, having come in during the progress of the meeting, was introduced by the President, Dr. Quine, and addressed to the Society a few happy and well chosen remarks.

After miscellaneous business was disposed of a motion to adjourn prevailed.

Correspondence.

BERLIN NOTES.—RED TAPES.

By M. W. Hatfield, M.D.

IF you can spare a winter for attendance on the Berlin hospitals, by all means avail yourself of their unsurpassed facilities for study; but when you go, don't forget to leave your American impatience at home. Time seems to be nearly valueless in Berlin and, unless you cultivate German imperturbability there, you will probably keep yourself in a constant fret over the vexatious delays which will meet you at every turn. These usually begin with the two weeks enforced waiting which greets the student who has strained every nerve to arrive at the time officially announced for the commencement of the session. It may be that he is unreasonable

enough to fail to see why the professors ought to have an additional fortnight of grace from both ends of the term, but custom gives it them and you may employ the time in grumbling, or more profitably in learning the mazes of the charité hospital and university red tape.

And first you will learn that matriculation into a K. K. institution is not to be lightly despatched in half a dozen minutes. It is a time-honored ceremonial, which must be soberly and advisedly performed, as follows: A many-buttoned official demands your name and passport at the outer door. If these are satisfactory, you are ushered into the grand hall, which is well filled with students—of law, theology, medicine and philosophy—all of whom must properly matriculate before the grave and revered professors who sit clustered about a long table. Around this the candidates pass, answering questions as they go, and for an hour it is amusing enough to watch their behavior during this catechism by the *geheimrathen*. Students come and students go, and at last you hear the German equivalent for your name and are pushed hurriedly forward to the table. Prof. No. 1 takes your passport from a pile of documents, identifies you from it, files it away among the archives of the university and then passes you on to the gentleman on his right. He continues the examination concerning previous studies, etc., writes a short history of your life in a ponderous book and finally recommends you to the rector as a *vir juvenis ornatissimus* and suitable for matriculation. The venerable rector inscribes your name upon a formidable diploma which informs the world in the choicest Latin that by the grace of God and the King of Prussia your name is now entered among those who have legitimately matriculated at the Frederick William University. This document entitles you to the attention of the next professor, who kindly invites you to register in the appropriate columns of another ponderous book the most important facts in your life and your parents', and after another cross-examination, you pass to the treasurer. He graciously allows you to drop the matriculation fee into his strong box and in return presents a handful of pamphlets and a student's card, which protects from municipal arrest in case of drunkenness or other misdemeanors—though in such cases there is a trial by the University Gericht, which would probably not be a change for the better. These, and other interesting facts, can be gleaned from the 28 pages of laws just received, as you sit waiting the course of events, for the end is not yet. After about twenty more students have received their cards, the rector deems his audience large enough to listen to a "few remarks," so arises, puts on his cap of office, and coming to the front of the table, clutches it with one hand and saws the air with the other as he delivers a set speech upon freedoms and the inestimable privilege of being a student in the Royal University of Berlin. This done, he offers his right hand of fellowship to the students, who squeeze it à la Presidential levee as they pass by in Indian file. Then the others depart, the "medics" are still obliged to wait the coming of the Dean of the Medical Department. A quarter and a half an hour pass in this way, and just as patience is ceas-

ing to be a virtue, a Charles-Darwinish-looking man enters the room and the students crowd about his desk with their usual courtesy, compelling the strangers to wait another good half hour before they can approach Herr Bardelebein. There the previous questions concerning age, studies, etc., must again be answered and recorded in another ponderous book, another diploma, more schedules, a library card, etc., are presented, and thus for the present ends matriculation proper.

All this amounts to, however, is simply two weeks admission to the lectures, if you cannot decide in less time which you wish to attend. Sooner or later you again provide yourselves with the needful Frederick d'ors, (half for each professor,) note in your anmeldungsbuch the lectures you have selected and search out the grantor's office. Step softly and bow low as you enter into the presence of this awful specimen of a petty official, "dressed in a little brief authority," etc. On the morning we visited him he happened to be in one of his worst humors and consequently growls away savagely at some slight irregularity in our books, favors us with his ideas on Americans remaining at home and other pleasing topics, but at length is condescending enough to receive our lecture fees—and fifteen cents for himself—and gives us in return a number of printed receipts, which we must hand over to the respective professors named therein, and receive in return cards admitting us regularly to their lectures. Hence a week's hide and go seek with the above mentioned gentleman, of which Prof. Martin requires two days, for the first time he is caught at ballottement and requires a second call at his office the next day. Prof. Hanock kindly interrupts a children's clinic to give us the desired cards. Baron Von Langenbeck is at last found in the otium cum dig. of a post-prandial cigar, while Prof. Reichert is discovered raging to and fro through his magnificent dissecting rooms. Herr Geheimrath Frerichs is "balmy" and consequently gives us the best seats in his room, but Vierchow is as dry and crusty as his beloved specimens, for one of which he could easily be mistaken.

Well, thank fortune, we are at last ready to begin work; but you are by no means through with the red tape, whose turns embrace about everything in Berlin. For instance, you wish to procure a book from the great library and hasten there with the library card that you received on matriculation. You present it, and learn that it only entitles you to draw books from the University Library, which, by the way, no student was ever known to use. This is the Royal K. K. Library, and to use it you must present a certificate of moral character, etc. So you hunt up a professor and obtain from him his signature to a printed promise that he will be personally responsible for all books you fail to bring back, and with this, on the morrow, hasten triumphantly back for the book. Not quite yet, if you please, but if you come tomorrow at noon you may have a card and the printed forms necessary to obtain books. You do so, and after registration and cross-examination are told to fill up one of the blanks, deposit it in a letter box, and by calling at a very inconvenient hour the next day you can at last obtain the

desired book. And this is only one of the many beauties of Prussian "system," which encompasses you on every hand. Simply the admission to a student's mutual aid society requires more registration than would be necessary to buy a house and lot at home. Change your residence and there must be notice of the same given both to the university and nearest police office, and woe unto you if you do not correctly answer all the questions that the curiosity of the polizisamt can ask, for we wot of two students that came to grief from failing to classify their religion according to the Prussian nomenclature. And last, but not least, you will receive some fine morning an invitation from the Prussian Government to please step up to the office and pay a tax on their estimate of your income. Perhaps you fail to see the justice of this and you apply to the American Ambassador, who consoles you by telling you that it needs must be, and you may rest assured that the Prussian officials will not forget you. Nor do they, for after a brisk correspondence they will name a day of wrath, on which, if your tax is not paid, your personal property will be sold to the highest bidder, and as a friend we recommend that the tax be paid or that you move before that date to fairer climes. If you are a student you may not find this so easy, for the powers that be have your passport and to obtain it you must return your anmeldungbuch, properly signed by all the professors, whose lectures you have attended during the past term. Also a certificate from the university library to the effect that you have taken out no books and returned them all safely, etc., and in process of time—ordinarily about a week—you will receive your passport and a dismissal, without which you can enter no other German university. There is, however, one other way in which you can regain your passport, and that is by applying for a permission to travel from the Gericht, and if your reasons seem good, you may obtain a Reisescheim for a certain specified time, and this, when the King's business requires haste, is certainly the most expeditious way of saying Good Bye to Berlin, though you must be back at the appointed time or be black-boarded.

SMALL-POX DEVELOPED IN A FŒTUS.

EDITORS MEDICAL EXAMINER.—I have in my possession a fetus of about five month's uterine life, which, although not new to the profession, I think of interest, it being a well marked case, confirmatory of the absoluteness of protection of vaccine against small-pox.

Case, Mrs. F., a strong laboring woman, aged twenty-two years, became enciente about the first of November last. February 21st, her husband was attacked with fever of small-pox. She attended him until March 4th, when he died of confluent small-pox. She had previously been vaccinated, and was vaccinated again at this time, the last inoculation, however, did not take

effect. She experienced no ill effects from her exposure, and never felt motion of her child. April 23rd, she called me to relieve an itching of her skin. So intense was it that she required constant rubbing by others for relief. Her skin was a bright scarlet; pulse 120, soft and compressible; tongue clear and moist; urine scanty; thinking some blood poisoning caused the disturbance I gave chlor. tinct ferri and spirits nit. dulc. About twelve hours later I was called again; this time was informed of her pregnancy and that she was in labour. Examination of her vagina showed labour too advanced to attempt interruption. She was delivered of a child well marked with small-pox pits, showing it had gone through the stage of suppuration, which had marked the face, body and limbs freely, before its death. She was pregnant four months when the fœtus contracted the disease; five months and twenty days old at its birth; weight, ten ounces; had been dead several days as the skin had commenced to macerate. The case is of interest in establishing the thoroughness of protection in vaccination and that the fœtus may pass through several stages of the disease without any unpleasant symptoms to the mother. The itching of the skin all passed off with the labour. She made a rapid recovery. I send the specimen to the museum of Chicago Medical College for the benefit of the profession.

O. T. MAXSON, M.D.

Waukegan, May 1, 1874.

Microscopical Memoranda.

COLLATED BY LESTER CURTIS, M.D.

ORGANIZATION OF THROMBUS AFTER LIGATION. — Dr. T. Durante, giving the result of a series of observations on the microscopic appearances seen after the ligation of vessels, says: That when a single ligation is used, there is first the coagulum at and near the point of ligation, then the internal coat undergoes a kind of inflammatory change—abundant round and spindle cells replacing this coat. Among these, also, blood-vessels develop. By this means the coagulum is gradually pushed inwards and replaced until it finally disappears. The white corpuscles and fibrin of the original clot become fatty before disappearance, and the red ones flattened. The coagulum is thus a *transitory* thrombus and is replaced by the *permanent* one formed by the internal coat. This process is very limited where there is simply a ligature of a vessel, but it may be made to extend a considerable distance by simultaneously painting the vessel with iodine. Where a double ligation is used, the process is somewhat similar, with the exception that the seat of the cellular growth is not the interior, but the middle and external coats, the internal coat being destroyed. Soon, the two proliferating coats become blended into one cellular layer, and the normal structure can not be distinguished. The

cellular growth in both cases ultimately develops in the usual way into connective tissue. The view which some authors take, that the organization depends on amœboid cells, is controverted by this author, and even in experiments made with vermilion he could find no confirmation of this view. Further, two modes of softening of the thrombus are distinguished, which have a very different significance. The one is the softening of the transitory thrombus, which precedes its absorption and depends, as above, on fatty degeneration; and the other is a suppuration of the permanent thrombus, which results when the cellular proliferation goes beyond proper bounds. — *Glasgow Medical Journal*, *American Journal of the Medical Sciences.*

TERMINATION OF NERVES IN THE LIPS. — Dr. Pallidino (*Bull. dell' Assoc. dei Natural di Napoli*) states that in the lips of the horse, which are richly supplied with nerves, many isolated, non-medullated fibres run from the subcutaneous connective tissue into the deeper layers of the epithelium, when they have a straight course and terminate by free extremities after they have traversed the deepest layer of the pavement epithelium, occasionally exhibiting a terminal dilatation or enlargement. Pallidino has not been able to discover any connection of the nerve-fibres with peculiar stellate cells of the rete malpighii, as described a year or two ago by Langerhaus.—*Lancet.*

CURE OF A CASE OF SOFT MALIGNANT TUMOR OF THE PAROTID REGION.—Henry Arnott, author of the valuable little monograph entitled Cancer, its varieties, its histology and diagnosis, reports a case of a soft sarcomatous growth of the parotid region which was cured by first ligating the common carotid and applying repeatedly powerful caustics. The tumor was one which it was found impossible to remove with a knife. Mr. Arnott remarks in regard to the case that:

"The case is full of encouragement for those surgeons who, seeing no chance of cutting off a cancer cleanly, prefer to let the disease alone and aim only at relieving pain. It shows how the vigorous employment of caustics can be trusted to take the place of the scalpel in situations the least promising for such destructive agents. And,

"Secondly, We may learn by such a case as this to persevere again and again with our local remedies as often as a local recurrence of the disease renders our interference necessary. Many surgeons will grapple with a primary cancer, but will refuse to meddle with the tumor which sprouts from the scar of the first operation, fearing that the return is the expression of a profound constitutional dyscrasia, which is beyond their efforts; whereas, in nine cases out of ten, it means that the first operation was not quite sweeping enough, and that a speedy attack upon the returning malady will be probably successful, unless other parts are already obviously affected."

It may be well to state that Mr. Arnott classes the softer sarcomas and the carcinomas together, under the general name of cancer.—*Am. Journal Med. Sciences.*

ELIMINATION OF CARBONIC OXIDE. —M. Grèhaut reports an experiment which, by its complexity, will not allow of more than a hasty condensation, but which completes the chain of evidence brought together by this ingenious experimenter to demonstrate that while carbonic oxide is exhaled from the lungs in ordinary conditions, it is no longer eliminated from the blood when the animal is caused to breathe confined air.—*Gaz. Hebd.*

Gleanings from Our Exchanges.

FOREIGN GLEANINGS.

COLLATED BY F. J. HUSE, M.D.

CROTON-CHLORAL.—By treating aldehyde with chlorine a new product is formed, which, although it has not, as might at first be supposed from its name, any relation to croton-oil, has been named croton-chloral. From ordinary chloral it is distinguished by its much readier solution in water, its crystallization in small brilliant flakes, and especially by its physiological properties.

A dram introduced into the stomach, in an aqueous solution, produced profound sleep with anesthesia in twenty minutes. Moreover, while the cutaneous sensibility is destroyed, the muscular tonicity remains without any alteration, so that the discoverer has seen several instances where patients subjected to its influence have remained in a sitting posture without falling. In addition, there is neither any modification of the respiration nor of the pulse.

In certain cases of neuralgia one can mark the subsidence of the pain previous to the appearance of sleep. Consequently the discoverer claims special advantages in the employment of this remedy in many cases where one would make use of large doses of either chloral or opium.

Wickman Legg has made use of this medicine in twenty cases of neuralgia of various degrees of intensity and duration, in doses of from five to fifteen grains in the form of an aqueous solution. The results were highly satisfactory. In only two cases was it unsuccessful. In all the others it caused an entire disappearance of the pain.

Benson Baker reports five cases of long standing and very painful neuralgia which were entirely cured or, at the least, greatly improved. The results were the same in unusual neuralgic pains of the face. Moreover the remedy neither produces vomiting nor headache. — *Schmidts Jahrbuch*, 1874, *No.* 1, *p.* 17.

SUBCUTANEOUS INJECTION OF CARBOLIC ACID IN ACUTE ARTICULAR RHEUMATISM — In confirmation of the teachings of Hüter that carbolic acid should prove one of the best antiphlogistics, we note, in the *Deutsche Zeitschrift*, the clinical history of four cases of rheumatic fever with severe arthritis, in which Dr. Kunse has made use of carbolic acid with highly favorable results. One of these patients who had been suffering for over two weeks, and who presented the conditions of a pulse of 120, hot skin, great thirst, urine highly charged, and intensely painful knees, was subjected to a subcutaneous injection on the external aspect of the left knee from a Pravaz syringe charged with a solution of one part of carbolic acid to one hundred of water. The relief following this administration was so great that the patient demanded next morning an injection for the other side. In addition to the lessening of the pain, it produced a subsidence of the febrile action, diminution of the pulse, and sleep. In the three other cases it was attended by the same success.

Book Reviews.

A TREATISE on Therapeutics, comprising Materia Medica and Toxicology. By H. C. Wood, Jr., M. D., Prof. of Botany, etc., in the Medical Department of the University of Pennsylvania, &c., &c. Philadelphia: Lippincott & Co., 1874.

This work, embodying as it does a vast amount of original research, is an exceedingly valuable contribution to medical literature. It was written "with special reference to the application of the physiological action of drugs to clinical medicine." The idea upon which the work is constructed, is, that a knowledge of the therapeutic effects, and modes of action and application to the cure of disease, of any medicine, may be derived from a knowledge of its physiological operation.

It is hardly within the province of a review to discuss such a proposition. Yet the fallacy of the view may at once be seen, when we consider that there is, in many diseases, a specific element, which a medicine may especially be adapted to remove, and yet without producing any obvious disturbance of physiological processes. No amount of physiological research would enable us to say, that this medicine will cure ague, that rheumatism, and the other syphilis. These clincal facts must be determined by clinical observation.

Much can undoubtedly be told however of the probable effect, or utility of a certain medicine, whose physiological action is well understood, on a disease the nature of which is thoroughly comprehended. Yet we know less of the intimate nature of pathological processes, than we do of the modes of action of medicines. And it seems to us unwise to build a work on so insecure a foundation.

Of course the author has adopted a new classification of drugs. Every author does. And many seem to consider the elaboration of a new classification sufficient justification for the publication of a new book. But the present book is one the physician and student cannot well afford to be without, as it contains much new information of the greatest practical value. Medicines are here differently treated or considered under different heads from what they are in other works. But where there is such positiveness of contrast in the effects of the agents as will justify the inclusion of Digitalis under the head of Cardiac Stimulants, and Veratrum Viride under the head of Cardiac Sedatives, will puzzle the majority of physicians to determine. As a text book it is not equal to others which have long been before the profession, yet it is rich in original matter and in suggestions of thought.

W. E. Q.

A Manual of Toxicology. By John J. Ruse, M. D., Prof. of Medical Jurisprudence and Toxicology, in the University of Pennsylvania, etc. Philadelphia: Lippincott & Co., March, 1874.

This work is from the pen of the editor of the seventh American edition of Taylor's Manual of Medical Jurisprudence, which was published in September, 1873, and might really be considered the eighth edition of that valuable book. While the size, as well as value, of Taylor's "Manual" has been much enhanced by copious

contributions by Prof. Ruse, the latter, in writing his own work, used essentially the same material. Though it is difficult to see the necessity of publishing, within a period of six months, two almost identical works, and giving the credit of authorship to different persons, it must be admitted that Ruse's "Manual" has features which recommend it preferably to Taylor's, as a text-book for students.

It is but little over half the size of Taylor's work, and containing almost as much information, it follows that the language is more concise and correspondingly plainer. In matter it is fully abreast of the times: articles of recent introduction into common use being fully treated of. Spectral analysis is not treated of at all, though the author regards it as an exceedingly valuable corroborative means of evidence. He justly holds that, in a case of alleged poisoning, it is not safe to rest the evidence solely upon the spectral demonstration of the supposed agent, to the exclusion of chemical tests. The work is one of the best in the English language.

W. E. Q.

MORTALITY TABLES OF CHICAGO FOR THE TWO WEEKS ENDING MAY 9TH, 1874.—Angina Pectoris, 1; Appoplexy, 3; Brain, Congestion of, 6; Brain, Inflammation of, 2; Brain, Softning of, 1; Bronchitis, 3; Cancer, 1; Cancer of Liver, 1; Cancer of Stomach, 3; Cancer of Uterus, 2; Cellulitis, 1; Consumption, 25; Convulsions, 29; Croup, 3; Debility, 4; Delirium Tremens, 1; Diphtheria, 2; Dropsy, 4; Dysentery, 2; Enteritis, 6; Endocarditis, 2; Fever, Intermittent, 1; Fever, Puerperal, 5; Fever, Scarlet, 7; Fever, Remittent, 2; Gastritis, 1; Gastroenteritis, 3; Heart Disease, 4; Hydrocephalus, 3; Hydrophobia, 1; Inanition, 4; Kidneys, Bright's Disease of, 2; Laryngitis, 3; Liver, Cirrhosis of, 1; Liver, Inflammation of, 1; Lungs, Congestion of, 7; Lungs, Hæmorrhage of, 1; Malformation, 2, Measels, 1; Meningitis, 8; Meningitis, Cerebro Spinal, 7; Old Age, 2; Peritonitis, 4; Paralysis, 1; Parotitis, 1; Pleurisy, 3; Pneumonia, 14; Pneumonia, Typhoid, 5; Pyemia, 1; Septicemia, 1; Small Pox, 8; Stomach, Ulceration of, 1; Tabes Mesenterica, 7; Teething, 3; Tetanus, 2; Whooping Cough, 6; Accidents, 5.

AGES.—Under 1 year, 71; from 1 to 2 years, 15; from 2 to 3 years, 8; from 3 to 4 years, 6; from 4 to 5 years, 9; from 5 to 10 years, 13; from 10 to 20 years, 11; from 20 to 30 years, 20; from 30 to 40 years, 35; from 40 to 50 years, 19; from 50 to 60 years, 17; from 60 to 70 years, 10; from 70 to 80 years, 5, from 80 to 90 years, 1. Total, 241.

HYPODERMIC INJECTIONS OF PHENIC ACID IN INTERMITTENT FEVER.—Dr. Barberis mentions two cases of intermittent fever in which recovery followed upon subcutaneous injections of phenic acid. He hardly however, feels warranted in drawing any conclusions at present, but invites the repetition of the experiment. The two cases which he has treated in this manner were quite dissimilar; in the first, there was a periodical fever of long standing and of miasmatic origin with enlargement of the spleen and leucæmia. In the second case, the fever was of rheumatic origin with an abnormal course, being at first irregular, but afterwards approaching the continued type. In both cases quinine had been administered without success.

The injections of phenic acid are well tolerated and do not give rise to any local disturbance. The solution should be from fifteen to twenty parts in one hundred. The quantity of the acid which one may inject varies from one-sixth to one grain (one-hundredth to five-hundredths centigrammes.)—*Journal de Therapeutique and Gazzetta delle Clinche.*

THE

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A

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Original Communications.

NOTES FROM PRACTICE.

BY J. SCHNECK, M.D., MT. CARMEL, ILLINOIS.

ABOUT December 1st, 1872, the epizootic, which had been spreading over the eastern part of the United States and gradually wending its way westward, put in an appearance in our vicinity; and almost all horses, good and bad, were more or less severely affected with it.

In a few weeks after this onset, cases of erysipelas began to be frequently met with, (usually beginning on the face;) and by the first of February (two months), we found ourselves in the midst of an epidemic of erysipelas.

Simultaneously with the beginning of the erysipelas, many of our obstetric cases would have a "bad getting up"; and by February, cases of puerperal metro-peritonitis were met with, here and there. Soon after this, cases of cerebro-spinal meningitis were heard of, and seen, in almost all localities of our county and vicinity; in some localities producing fearful havoc, being usually fatal; but in our own immediate precinct, it never became very abundant or virulent.

During all this time, there were no cases of scarlatina or diphtheria heard of in our neighborhood. This condition of things continued, more or less violent, until about the first of April; when with the approach of pleasant weather the epizootic, erysipelas, puerperal metro-peritonitis and cerebro-spinal meningitis had all gradually disappeared; and no more was heard of either until this winter (1873-74), there having been a few sporadic cases of the latter disease. Of the erysipelas patients, there were no fatal cases, that I heard of, although,

on a rough counting up, I find there were fully 300 cases treated by the physicians of this place. The sheet anchor in all cases was: Mur. tinct. iron and quinine. Of the spotted fever cases, I treated but three, all of which recovered; the treatment employed was large doses of bromide of potassium, and a blister to the nape of the neck for the first 12–20 hours; then quinine and stimulants, with fl. ex. calabar bean and ergot; and in two, where there were symptoms of effusion into the cavities of the brain, blisters to all four extremities were resorted to.

Of the cases of puerperal metro-peritonitis, all fully developed cases died; and in all cases the immediate cause appeared to be some injudiciousness on the part of the patient. But three cases occurred in my practice. The first was doing well until forty-eight hours after labor, when the disease was ushered in with a chill. I was called and, upon inquiry, found she had sat up in bed, talked and laughed a great deal during the first twenty-four hours, contrary to the most positive orders I had left in the morning; she died on the fifth day after accouchement, and third day of the disease. This was a large, rugged, but not very fleshy woman, aged thirty-four years; sixth accouchement; labor natural and easy.

The second was a large and fleshy person, in her fifteenth confinement, aged forty years. Had three convulsions before labor was terminated, and seven during the two days after, during most of which time she was very restless; the convulsions stopped after copious depletion and free use of diuretics. In this case, also, the disease was ushered in with a chill, on the fourth day after labor; and in five days more she was a corpse.

The third case was a lean, weakly person, in her first confinement; was doing well until the fifth day after labor, when her parents made her a visit; she sat up and talked with them, and made one trip to the kitchen; that evening metro-peritonitis was ushered in by a chill, and in four days she was dead.

The symptoms in the foregoing cases were very uniform; rigors at the outset: exceedingly rapid and irregular pulse; hurried respiration; suppression of milk and lochia, vomiting and diarrhœa; abdominal tenderness and swelling; tongue coated and dry; delirium and death. The treatment employed was somewhat varied; veratrum and opium, fomentations and poultices were mainly relied on.

Of the eighteen other cases of labor that I attended from December 1, 1872, to April 1 following, all had a moderately good recovery; but in all cases, I have good reasons to believe, my directions were fully carried out, *i. e.*, keep quiet, and in the recumbent position, and as free from all excitement as is possible. In addition to this, in most of the cases, an antiseptic was given, both before and during accouchement. Not being previously engaged in some cases, this rule was not strictly adhered to. The antiseptics used were sodæ sulphis or mur. tinct. iron, with bromochlorolum as a disinfectant. The conclusions that may be drawn from the foregoing imperfect history are:

(*a*) That, in the diseases above mentioned, including the epizootic,

there is an origin from similar causes, viz.: Epidemic, (let the materies morbi be what it may.)

(*b*) Though scarlatina and diphtheria may appear, in some instances, to have acted the part of cause or effect to metro-peritonitis, in this instance no such cause or effect can be attributed to them.

(*c*) Our main reliance for saving the lives of parturient women during an epidemic of metro-peritonitis, is in prophylactic treatment.

(*d*) If antiseptics are the best prophylactics, why are they not the most curative?

P. S.—We should be glad to hear from other parts of the State on this subject.

NINE CALCULI TAKEN FROM ONE PATIENT.

DURING the recent visit of the members of the State Medical Society to Mercy Hospital, Prof. E. Andrews brought before them a newly entered patient, suspected of having vesical calculus. He introduced a sound, and proved by the audible click that the suspicion was well founded. The sensation communicated by the instrument also proved that the case was multiple, and the stones of pretty large size. The patient was about fifty years of age, but in fair health, and the bladder not much inflamed. The large quantity of calculous material present, and the great apparent hardness of the stones, judged by the sharpness of the click elicited, when struck, determined the case to be suitable for lithotomy rather than lithotrity. The patient was then placed on a free use of tinct. of iron for a few days, to prepare his system for the operation, and assigned a well-ventilated ward, where his portion of the air-space amounted to 3,000 cubic feet. He was placed on a new mattress and given a pillow, whose feathers had been renovated by hot steam, and the tick washed, that no pyæmic or septicemic infection might lurk in the bedding, as it is too often the case in hospitals. The plan pursued by Dr. Andrews is to have the contents of every mattress burned as soon as the patient leaves it, while the tick is sent to the laundry. The feathers of the pillows are renovated by boiling hot steam, as above stated, and the pillow-ticks sent to the laundry with that of the mattress. In this way every patient comes virtually upon a new mattress, and upon pillows as pure as new ones.

While preliminarily taking the iron for a few days, the patient was ordered good nourishing diet, and directed to spend a considerable portion of his time out of doors, but not to undertake any violent exercises.

On May 25, he was placed on the table and anesthetized with sulphuric ether. Prof. Andrews then proceeded to perform lithotomy by the usual lateral method. The first introduction of the forceps brought away a smooth stone over an inch in diameter, with three large facets upon it, showing that there were other calculi present. The second trial drew out two smaller stones. The third

brought away another large one; the fourth, fifth, sixth, etc., had the same result until nine calculi had been extracted, six of which were over one inch each in diameter. The combined weight of the nine stones was five and a half avoirdupois ounces. They were all smoothed by attrition, and rendered somewhat triangular by the arrangement of the flattened faces, that rested against each other, so that the six larger ones fitted together in a sort of circle, as shown in the accom-

panying engraving, which doubtless indicates the way they lay in the bladder. The three smaller stones were likewise more or less angular in form, and polished. The engraving is about two-thirds of the actual diameter.

Twenty-four hours after the operation, the patient (who had lived in a malarious district) had a severe chill, followed by some hours of fever, and closing with a copious sweat. Vigorous doses of quinine prevented any repetition of the chills, and tincture of iron was given in addition five times a day.

On the tenth day some enteric disturbance, resembling that of typhoid fever, occurred, and the treatment was changed to nitric acid and strychnia. At present (thirteenth day), this complication still exists, with a slight fever and some want of moisture on the tongue. The wound looks well, but the temperature of the body, tested in the axilla, is over 101 degrees. There are no pyæmic chills nor sweats.

June 10th—Patient doing well.

DERANGEMENT OF THE SYMPATHETIC NERVOUS SYSTEM FOLLOWING INTERMITTENT FEVER.

CLINIC BY PROF. DAN'L T. NELSON, IN MERCY HOSPITAL, MAY 22, 1874.

PROF. NELSON, in his clinics, this summer, selects a student and assigns him a patient, several days before the clinic, whose case he is to study, as best he can from books or other outside sources, and report the same in detail at the clinic, from written manuscript or otherwise—the class and Professor criticising, or adding to the report, as they may see fit. The following is one of those clinics—J. R. Kewley being reporter for the day:

This young man was attacked, some seventeen months ago, with intermittent fever, or ague of an irregular triple-quotidian variety, previous to which time he had been strong, healthy and robust. After a few months of medication the paroxysms

disappeared, and he seemed to be nearly well. At this time, through the advice of a companion, he took a very large dose of cantharides, which was speedily followed by the characteristic symptoms of poisoning by this agent—such as burning along the alimentary canal, with nausea, attempts at vomiting, constriction of throat, and difficult swallowing; pain in the kidneys and along the urinary passages, with violent burning during micturition, etc. He soon seemed to recover from these symptoms, but ever afterward he experienced a languor and dullness, or mental inactivity, at times. He passed but little urine, and that high-colored; tongue heavily coated; appetite, digestion and sleep, good; bowels, at times, regular; again irregular; fæces, of normal color; had no pain any place and, when at rest, seemed quite strong; but upon slight exertion would become much fatigued. He seemed to run on in this way until last July, when his troubles kept him to his bed for some time; since which time his symptoms have corresponded to those before it, with occasionally a chilly feeling in the morning, followed by slight fever in the afternoon. Not improving any, and being unable to attend to business, he sold out and came to the city, in the hope of being cured. After trying quite a number of our city physicians without any beneficial effects, he entered the hospital, nearly three weeks ago. When I first saw him, his symptoms were those already enumerated, with the exception that he has not now any of the chilly mornings, followed by fever in the afternoon. In addition to these symptoms I noticed that, although the pulse was nearly normal in frequency, about eighty, moderately large and full, the artery was quite easily compressed. On auscultation, the heart was found to contract rather quickly (not very strongly), and the interval of rest between the contractions was slightly prolonged. Upon testing the urine I found it normal in quality, except, perhaps, a slightly deficient amount of urea; could not detect any other symptoms, except those of a negative character.

Our text-books, as far as I have examined, give but very little information regarding troubles of this nature.

My preceptor, Prof. N. S. Davis, says, "that in ague that continues to persist for many months, we have the ganglia of the great sympathetic at times affected. Those ganglia, situated in the abdominal region, being first impressed; then the cardiac plexus; and, finally, but rarely, the ganglia within the cranium itself." In these cases the exact nature of the change in the ganglia is not understood, the affection being marked more by the derangement or perversion of the organic functions than by any pathological condition or lesion of these numerous ganglia. We have no pain any place; the patient to his friends may seem well, and even to himself, while in a state of inactivity; but upon exertion of any kind, he finds he becomes wearied; has no strength, no endurance. There may be, as a result of this organic derangement, dullness or stupidity of the brain or mental functions; deficient power in the contractility of the heart, and, as in this case, a rather quick contraction with a prolonged interval of rest; the frequency of the pulse may be normal, but the artery is

easily compressed. There may be malnutrition of the body either slight or exaggerated, and, as a result, an anæmic condition of the system; or, upon the other hand, the digestion and assimilation may be fair; appetite and sleep good; the bowels may or may not be regular. I think the derangement or debility of these numerous ganglia will explain many of our patient's symptoms. We can easily understand how this derangement might cause all of the organic manifestations presented by him. We can comprehend how, from this cause, the peristaltic action of the bowels may be diminished or the function of the liver deranged, and thus cause irregularity of the bowels. It will explain the slight derangement of nutrition. We can apprehend how that impaired nutrition of the nerves would depress the muscular tone of the entire system; how, through malnutrition, or sympathy, or both, the encephalon will become more or less deranged and incapable of any great degree of activity. In this patient I would say we have a typical case of this peculiar debility,—or derangement of the sympathetic, following intermittent fever. Probably there was sufficient irritation of the kidneys, resulting from the physiological action of the cantharides on these organs, to account for the small quantity of urine now passed, the patient, at times, micturating but once a day and then only a small quantity. And, as I before stated, urea was somewhat deficient in quantity, in what was voided, indicating a defective elimination of urea from the system. This derangement, we well know, would augment the already pre-existing dullness in the head. I am aware that the treatment the patient is now under, points to the liver as the probable seat of disease in the estimation of his attendants; but I have failed to find sufficient grounds to explain all of the symptoms here presented, by any condition of that organ. It may explain some of the symptoms; but does not the condition of the liver depend, not upon any pathological lesion, but upon the derangement of these organic ganglia, of which I have spoken?

PROGNOSIS.—I do not see any reason why this patient cannot perfectly recover, although it will, undoubtedly, be some time before a cure can be effected. Many months of medication have passed by; but this fact is, I think, accounted for more by incorrect diagnosis, and hence, faulty medication, than by the incurability of the malady.

TREATMENT.—At first thought we might look for tonic remedies, whose action is manifested upon the sympathetic, but as yet we have no remedy that is positively known to act as a tonic on this nervous system. Digitalis does, perhaps, have some such action; it certainly tones up the heart's action. In this case it is strongly indicated, not only for this action, but also on account of its diuretic property. We might add to it some other diuretic, as sweet spirits of nitre. Prof. Davis uses this combination, at times: One part of digitalis to three of sweet spirits of nitre, given in dram-doses about half an hour after meals, properly diluted with water. Strychnia, or nux vomica, with some of the more mild salts of iron, such as lactate, tartrate, or citrate, would undoubtedly be a useful tonic: enriching the blood; toning

up the muscular system; in fact, invigorating all the organic functions of the body. It is generally acceded that strychnia acts only on the spinal chord, or at most upon the cerebro-spinal nervous system. Yet Prof. Davis thinks he has seen benefit derived to the sympathetic, from its use, many times. Quinia might be added to the iron and strychnia with benefit, yet there does not seem to be very strong indications for its use now, not so much as there was a few weeks ago. If given at all, it should be used in small tonic doses. The mineral acids might also be used to advantage.

Prof. Nelson—(synopsis)—*Gentlemen:* I think our reporter has given us a fair idea of this case, from beginning to end, and, upon the whole, I agree with him. These cases are not as rare as they used to be, and I would advise you all to give close attention to them. There should be more care and study given to them than to some patients who are stretched upon their backs. The physician is prone to pass them by (and frequently does), with the remark, he is a "hypochondriac," he is "indolent." There is not much the matter; you would be surprised, if you could remove all the disease, to see how small it is! The patient, likewise, would be equally surprised to find himself so much relieved, so much better! The reporter got a wrong idea regarding the condition of the discharges from the bowels, unintentionally on the part of the patient. They are not normal, or, at least, have not been—they being of a brown color instead of a yellowish. The physician is often led astray by the patient saying the fæces are normal, when, if you ask him, "Are they yellow or greenish?" he, not unfrequently, will reply: "No; they are black or brown." In diseases that implicate the alimentary canal I attach more importance to the condition of the discharges, than to the tongue, circulation, etc. First, in these cases, direct your attention to the bowels. If the stools are not normal, you might give some pil. hydg., night and morning. Nitro-muriatic acid with strychnia is very good. We have treated this case thus, giving him also quinia. I do not think the treatment of our reporter can be improved much. To-day we will change the treatment. Digitalis will be given to tone up the circulation and to act as a diuretic; it is one of the best remedies we could use. The kidneys are not much involved in this case I think, there being only, perhaps, a slight irritation remaining from the action of the cantharides. The digitalis will be a sufficient diuretic, I think. The nitro-muriatic acid, strychnia, and quinia will be given three times a day. I think they are the best remedies we could use. In this case, iron is not indicated as much as is generally the case in these patients. I will not give it, although it would do no harm, but probably good. In regard to the action of these medicines: Our books are silent in regard to the tonic action of remedies on the sympathetic; but I think all these remedies, and many others, act directly upon this part of the nervous system. It is only upon this ground that we can explain many of the results of their application in disease. I have no other criticisms or suggestions to make. June 6th, patient is steadily improving.

TWO CASES OF DIRECT TRANSFUSION FROM ANIMAL TO MAN.

Reported by H. Gradle, M.D.

AS these are the *first* instances in this country of an operation so long regarded as a curiosity, there is certainly sufficient interest connected with them to warrant their publication, as successful operative procedures merely, without regard to their influence on the malady against which they were employed. The latter, of course, cannot be appreciated at so short an interval since their performance. Dr. Hasse, of Nordhasen (Germany), has successfully transfused from lamb to man in about forty cases, claiming to have *cured* amongst these several advanced cases of Phthisis. Dr. Prœgler, of Addison, Illinois, induced principally by these experiments, had for some time intended to repeat them, but only lately was this made possible by the consent of a patient, suffering from that disease.

I. Mr. G. R., a very intelligent teacher, consumptive for two and a half years, accepted transfusion as his last chance for life, to aid in the performance of which Dr. Prœgler invited Doctors Hotz, Wild and myself. After some little trouble in procuring a fit animal, a healthy lamb was finally obtained for Friday, May 29, when the operation was undertaken. The lamb being secured on a ham-shaped board, its carotid artery was laid bare and surrounded by two loose ligatures, while the patient's median-basilic vein was prepared in a similar manner. The distal ligature was thereupon tightened so as to occlude the artery, the vessel compressed by the fingers on the proximal side opened by a longitudinal incision, and a slightly S-shaped glass canula, terminating in a bulbous extremity, introduced and held firmly. The other end of the canula was connected through a rubber hose of twelve inches in length with a similar tube, and the entire apparatus filled with a weak, *warm* solution of carbonate of soda, which was then allowed to become displaced by the current of blood, whereupon the other canula was made to enter the patient's vein. Compression of hose and artery, before employed to prevent loss of blood, was now discontinued, and for ninety seconds a stream of vital fluid was allowed to flow into the patient's system, the quantity being estimated by the subsequently ascertained rapidity of the current, at about eight ounces.

Immediately a sense of warmth spread from the incision over the patient's entire surface; the face became flushed; the pulse *slackened*, but full and firm; a slight *fullness* in the head increased to excessive vertigo; ringing in the ears was heard; vision became indistinct; *snowflakes* seemed to appear before the eyes, while a constantly increasing dyspnœa indicated the discontinuance of the transfusion. All symptoms disappeared in a few minutes, and nothing was observed until, after about two hours rigors set in, giving way after fifteen minutes to a rather high fever

the temperature rising to 104°, the pulse to 115 beats, leaving the patient towards the middle of the night in a sound sleep. On the next evening the fever was repeated, but only in moderate intensity.

The urine is said to have been highly colored, though not bloody, but was not examined for albumen, which Hasse had always found. No marked alteration in the patient's subjective condition has as yet been observed. His appetite was for a few days rather poor, but this is now improving. An urticaria, which Hasse had always met with, appeared after eight days, covering the greater part of the integument, except over the chest, and subsided in about three days; its subsidence being accompanied with the vanishing of a strong odor of *lamb*, which had haunted the patient until now.

II. The same operation was repeated yesterday by Dr. Wild, with the assistance of the previously mentioned gentlemen and some other medical friends, on Mr. K., a saloon-keeper, still farther advanced in pulmonary tuberculosis. The details were the same, the transfusion lasting, with several interruptions, fully 100 seconds; the quantity transferred, 10-12 ounces. The subjective sensations were also similar, the dyspnœa, perhaps, more intense. In this case transient backache was also present. Immediately after the operation chilliness commenced, the extremities turned blue, while the temperature (in the axilla) rose to 104°. As we were leaving, the patient had just entered the febrile stage.

While these few remarks—for the privilege of publication of which I am indebted to Doctors Prœgler and Wild—do not contain sufficient data to form an opinion of the efficacy of the operation, they may at least induce repetitions of an apparently safe procedure.

Chicago, June 10, 1874.

THE REINDEER HUNTERS OF THE PYRENEES.—M. Piette has described to the French Geological Society an interesting discovery of human remains of the Reindeer Age, in a cavern opposite the village of Tortet, in the Pyrenees. Its contents consist of bones, hearths, and implements of various kinds, giving a very clear idea of the early Reindeer Age, and are of special interest, as they have been protected by a layer of stalagmite from all disturbance since the time of their deposition. Amongst other things, M. Piette cites particularly many fetishes or amulets for suspension, which would seem to testify to the existence of some rudimentary sort of religious belief among these people. Bones of the reindeer were found bearing representations of fishes, snakes, reindeer, and other animals, engraved with a delicacy and correctness of outline perfectly astonishing, considering the instruments which the artists had at their command. These figures are said to be fully equal to anything that Egyptian art ever succeeded in producing. Similar remains were also found by M. Piette in the neighboring cave of Gourdan. — *The London Globe.*

Translations.

ON THE TREATMENT OF URETHRITIS BY CUBEBS AND THE OLEO-RESINS.

From La France Medicale, of April 11, 1874.

THERAPEUTICAL anarchy, speculation and experiment, have found a wide field of career in the treatment of urethritis. Several causes have here operated: One exists in the nature of the disease itself, which presents an almost infinite variety of form and degree of intensity, from the inflammatory and blennorrhagic disorders to the simplest catarrhal gleet; another is to be found in the anatomical seat of the disease, where every irregularity of conduct or regime is productive of fixed results. Still another lies in the influence brought to bear by the patients themselves, who, in almost every instance, desire to be treated and cured in a secret manner.

Practically, the distinction between blennorrhagia and acute urethritis, is difficult of recognition and rarely useful. Apart from their origin, where are their distinctive features to be seen? Surely a relative degree of virulence is not adequate to establish a difference. Is it not a matter of daily experience to meet with cases of simple urethritis, born of contact with a uterine catarrh, and producing, in turn, effects which are entirely similar to those of gonorrhœa? It is to be noted simply, that in the two cases there is an exclusively local contagion, exercising a reciprocal influence upon the vulvar and urethral membrane of the female, and the urethral membrane of the male. Here we find the limit of the blennorrhagic influence. In the extremely rare cases where general phenomena of syphilis succeed, there is co-existence of a separate virus, a primitive lesion of specific disease has been developed at some concealed point of the urinary conduit.

The methods of treatment heretofore employed can be classified in two great categories: 1st, external measures tending to a direct modification of the mucous membrane, and 2nd, internal remedies intended to act favorably upon the urinary canals by the intervention of the urine.

Of late there have been numerous partisans of the external method. There are always patients whose social position precludes the idea of other remedial measures, and these invariably find indefatigable allies among the interested vendors of secret and infallible injections. One variety of this method is the so-called abortive treatment, completely abandoned to-day to the consternation of our friends the urethrotomists, who find their occupation gone, so far, at least, as these cases are concerned

To this plan the substitutive and astringent injections have largely succeeded.

Substitutive injections are, in large proportion, of empirical origin. *Substitutive irritations* having proved of immense value in oculo-palpebral catarrh, it was quite natural to presume that a similar treatment of urethral catarrh would be followed by like results. Accordingly, search was made high and low for a specific agent, which might be employed. Here unfortunately a great error was committed. In order to understand how radical the difference is between these two affections, it is only necessary to consider how the palpebral membrane is affected when blennorrhagic matter is applied to it. It is at once evident that the immense difference between simple blepharitis and purulent ophthalmia divides the two disorders, when occurring in an isolated field. Hence substitutive injections, even when employed at the outset, are rarely efficacious in urethral catarrh.

An important element in this latter affection is the frequent and irritating passage of urine over an inflamed mucous surface. The urine of the day is much more abundant than that of the night, and therefore much less irritative in every period of the urethral disorder. It is for this reason that the complete resolution of the inflammation is so often not accomplished in the later stages of the disease, and that gonorrhœa is transformed into gleet.

But therapeutic investigation once embarked in the direction of search for a specific injection, could not be stayed. Every detersive or astringent remedy was tried in turn. The sulphates of zinc and copper; the subnitrate of bismuth; the permanganate of potassa; all the mineral salts, in short, as well as the vegetable extracts, and notably tannin, were successively employed.

Tannin injections,* though greatly vaunted by Niemeyer, are rarely successful, and have no greater effect in abating the disease, when used at its commencement, than other remedies. In many instances where they seem to exert a favorable influence, they are merely palliative, and the affection, somewhat modified, persists in a sub-acute form, far beyond the limits which are prescribed by an external and internal emollient form of treatment. The esteem in which injections are held, has been sustained by the fact that internal medication with powder or extract of cubebs, copaiba, tar and opiates, has generally been employed in an insufficient and positively injurious manner. As a rule, these substances are administered in three doses daily—one at morning, another at noon, and a third at night; and here the treatment rests. Now, when given in this way, these remedies are of very slight efficacy, seeing that these doses correspond to a third merely of the urinary discharges. It results that, for one occasion where the reverse is true, there are two where the unmodified urine irritates the canal and neutralizes the beneficial effect of the medicament. And yet, in spite of these flagrant violations of common sense, this mode of treatment generally prevails in pri-

* Niemeyer injects several times during the day a solution of tannin in the ordinary "vin de pays"—or Bordeaux wine—five grains to the ounce, doubling the amount in two days if relief be not had.

vate practice and in the usage of hospitals.

In order to obtain from the powder of cubebs and the oleo-resins all the good effects of which they are capable, they must be exhibited, not three, but *ten*, *twelve*, and even *twenty* times, daily, in very acute urethritis. It should, however, be stated here, that I know of no other remedy besides powdered cubebs, which can be administered in such frequent doses with toleration by the stomach. Each dose should be nearly fifteen grains in size, and may be enveloped in a roll of wafer or other material, or, better yet, mixed with honey, so as to form an almond-sized mass. In the case of the extract, the dose is of course smaller and more easy of deglutition.

There is no denying the fact that this method of treatment is less convenient than others, but there is an offset to this in the results, which are almost immediately perceptible. I have frequently seen attacks of acute urethritis, accompanied by dysuria and chordee, amend so rapidly, that in less than forty-eight hours these phenomena disappeared; and thrice I have witnessed the same results in thirty-six hours. But, for this, it is necessary that the patient take a dose of the cubebs every hour of the day, and every hour of the night when he is awake; and that these doses be accompanied by draughts, in large quantity, of milk, to which orgeat may be added, or sweetened orange-flower water.

In these conditions the emission of urine is frequent and abundant, but in consequence of that very abundance and the soothing properties constantly communicated to it by the cubebs, the passage of the stream over the neck of the bladder and the urethra is entirely painless. But it is a mistake to suppose that at such times there is disappearance of the inflammatory condition. That condition simply does not indicate its existence by pain, but remains latent so long as treatment is regularly pursued If the latter be interrupted, the pain recurs.

Resolution is, however, gradually brought about, so that, at the expiration of eight or ten days, the number of doses may be decreased to one every two hours. Absolute rest is not imperatively demanded. Some exercise may be allowed, and here, also, the greater or less degree of painlessness of discharge, must be the measure of all excess.

Before I adopted this mode of medication, I had occasion to treat, as all have had, several acute cases by the antiphlogistic method: leeches to the perineum; sitz-baths twice daily; cataplasms, and emollient draughts; but in no one case have I seen the dysuria and chordee relieved before the eighth or tenth day. The relief of these two symptoms is much more rapid with the powdered cubebs; but resolution is not accomplished *pari passu*. The latter generally results in from fifteen to twenty days. The discharge then becomes more and more serous, and is gradually suppressed altogether between the twentieth and twenty-fifth day, without the necessity for a recurrence to injections. The average duration of treatment, then, is from twenty-two to twenty-six days for acute catarrh or blennorrhagia, and a shorter period for the milder cases.

It is now more than ten years since I have employed this method of treatment—a method, the honor of whose discovery I can in no wise claim—and I declare positively that I have obtained invariable results whenever I have had patients who desired to be promptly cured, and were willing to rigorously submit to the prescribed rules. I state this with the greater assurance, because for several years I have been enabled to experiment, on a large scale, in the military infirmaries, where attacks of urethritis almost always supply a third of the contingent diseases. This method offers an additional advantage from the circumstance that, if need be, it may be combined with antiphlogistic measures—either with astringent or absorptive injections of starch or sub-nitrate of bismuth. It is only in exceptional cases, however, that I have recourse to the latter.

Instances, however, are not rare, where a complete cure is not effected either with powdered cubebs, the balsams or injections. This generally occurs in scrofulous patients, where no external signs of the diathetic disorder are apparent, or when the urethral catarrh is complicated by an ulcerative erosion. Everyone knows that in the first instance a ferruginous preparation is indicated; and that, in the second case, a favorable termination is best secured by the passage of bougies, smeared with a more or less astringent ointment. Occasionally, however, the lesion of the membrane which produces the gleet is excessively slight, and situated so far back in the prostatic region that the bougie is inefficacious. In these conditions the capsules of the oil of turpentine, one to three being administered during the night, produce excellent results.

Gleet is always the result of vicious or insufficient treatment, or of recurrent attacks of chronic catarrh. Its frequency after the treatment by injections is such that Ricord, in his Clinical Lectures at the *Hopital du Midi* declares, with his usual imaginative and fanciful comparisons, that it is one of those complications which are forever destined to evoke the despair of the surgeon. But, with frequently repeated doses of powdered cubebs and balsams, this unfortunate issue need never, or almost never, occur; and an incalculable advance may thus be made.

Gleet is, above all else, occasioned by the special irritation of the mucous lining of the urethra, by the urine of the night, which is much more acrid than that of the day. There is, hence, a formal indication to continue the administration of the balsams *during the evening*, even when medication by day has been discontinued; and to persevere through the night with similar remedies, so long as there is apparent in the morning, the slightest trace of the characteristic moistening of the urethral surface.

The treatment recommended above, as has been already remarked, is not new. It was long since advised by a celebrated surgeon of the La Charite; and it is simply remarkable that it has attracted so little attention. During the last twelve years in which I have employed it, I have met but one physician who made use of similar measures, and, singularly enough, he supposed himself to be its discov-

erer. This physician, who is justly ranked among our most distinguished syphilographers, is M. Langlebert. One evening, in 1864, a friend and confrere in medicine, invited me to attend a reunion of the Medical Society of the Pantheon, where I had the good fortune to hear M. Langlebert set forth his views. He remarked that, in his opinion, powdered cubebs and the oleo-resins were of efficacy in urethritis, only as they acted by the intervention of the urine, and communicated to it medicinal properties; that, consequently, he prescribed these remedies only in doses at short and fixed intervals, so that the urine was constantly subjected to their modifying influences. This practice was, as he said, founded upon the results of his own practical experience, and there was surely no reason to doubt his statement of the fact. His surprise was therefore great, when I took the liberty to observe that the method was by no means a novel one, and could be found described at length in the fourth volume of Prof. Piorry's "Pathologie Iatrique." However, be the source of its discovery here or there, the solution of that question can neither add to, nor detract from, the excellence of its results. It is, in my opinion, not only superior to all other methods in this particular, but, also, in the point that it can always be combined with the latter in order to augment their efficiency.

NOTE BY TRANSLATOR.—Dr. Jno. W. Reigh has, recently, in the *Practitioner*, called attention to the advantage of using the bromide of potassium in blennorrhagic affections. Internally, the following formula is advised:

℞ Potassæ Carbonatis, ʒ jss.
Potassii Bromidi, ʒ jj, ad ijss.
Hyoscyami Tincturæ, f ʒ j.
Aquæ Camphoræ, f ℥ v. Mix.

A sixth of this potion is to be administered three times daily, and another sixth is to be given at night, if there be asomnia. The alkalies are added in order to correct the acidity of the urine, which the bromide of potassium frequently determines.

The following injection is advised for use every four hours:

℞ Potassii Bromidi, ʒ iij.
Glycerinæ, f ʒ v.
Aquæ Destillatæ, f ℥ v. Mix.

The bromide of potassium is said to diminish the secretion of the mucous membrane; to act directly as a sedative to the nerves distributed to it and those which preside over the organs of generation; and, lastly, to augment the quantity of the urinary secretion, thus diminishing its specific gravity, and, thereby, its capability of exciting irritation. The treatment is said to be available in all stages of the disorder, whether it be acute or chronic, without precluding the employment of accessory measures.

No greater comment could be made upon the suggestions of Dr. Ferran, detailed above, than to remark that the idea of *continuous* medication of the urethra, by the intervention of the urine, is almost entirely ignored in the text-books. I have before me at this moment the very latest work on the subject of genito-urinary diseases, just issued from the press of Messrs. Appleton & Co., under the high authority of Professors Van Buren and Keyes. The well-known posology is here described with the

usual directions: "three or four times, daily, fasting;" "to be taken after eating," &c.

It should be added, however, that not a few practitioners can be found in our country, who have for years availed themselves of methods for the cure of urethral catarrh similar to, or identical with, that suggested by Ferran, to the no small profit of their patients and enhancement of their own reputations. J. N. H.

Editorial Department.

AMERICAN MEDICAL ASSOCIATION.

THE twenty-seventh annual meeting of this national organization was held in Detroit, commencing on the morning of June 2d, 1874. The members assembled in the Music Hall, and were called to order at 11 o'clock A. M., by the President, Dr. J. M. Toner, of Washington, and prayer was offered by Rev. Bishop McCroskey, of Michigan.

The hall was well filled with members, and the gallery with ladies and citizens. Dr. W. Brodie of Detroit, Chairman of the Committee of Arrangements, in a short, but appropriate speech, welcomed the members of the Association to the hospitalities of the citizens of Detroit, and congratulated them on the continued prosperity of the Association.

After reading the list of names so far as registered, and calling the roll of the Society, the President, Dr. J. M. Toner, delivered his annual address, which was listened to with great interest, both by the members and citizens.

The list of special committees was called, and such reports as were announced ready, were referred to the appropriate sections for consideration. Several volunteer papers were also announced and referred.

This completed the work of the first morning session.

At 2½ o'clock P. M., the several sections were called to order by their respective officers, and proceeded directly to the reading and consideration of the reports and papers that had been referred to them. In the Section on Practical Medicine, Materia Medica, and Physiology, Dr. Bulkley read an interesting paper on the nature and treatment of Eczema, which elicited some remarks from Drs. Grover, Woodward, McLaughlin, Pierce, Gray, Octerloony, Johnson and Canfield, after which it was referred to the Committee of Publication. Dr. P. J. Farnsworth, of Iowa, read a paper on the "Therapeutic Uses of Ammonia," which, after a brief discussion, was referred back to

its author, with permission to publish it in such medical periodical as he might choose.

In the Section on Obstetrics and Diseases of Women, Dr. T. Parvin presented some instruments for inspection, and Dr. Beck, of Fort Wayne, Indiana, read a paper on the Theory of Generation. It was followed by a discussion participated in by Drs. J. P. White, of Buffalo; W. H. Byford, of Chicago; J. M. Sims, of New York; and M. A. Pallen, of St. Louis.

The Section on Surgery and Anatomy was presided over by Dr. S. D. Gross, of Philadelphia. Dr. A. Dunlap, of Springfield, Ohio, read a paper on "Enchondroma over the Sternum," which was referred to the Committee of Publication. Dr. E. M. Moore, of Rochester, New York, read an interesting paper on "Epiphyseal Fracture of the Superior Extremity of the Humerus," which elicited remarks from Drs. Quimby, of New Jersey; Hughes, of Iowa; Keller, of Kentucky; Reyburn, of Washington; Gross, of Pennsylvania; and Gregory, of Missouri; after which the paper was referred to the Committee of Publication.

Dr. Lewis A. Sayre, of New York, presented a report on Fractures, stating verbally an abstract of its contents. This led to an animated discussion by Dr. Sayre and Dr. Gregory, of St. Louis, pending which the Section adjourned.

The Section on Medical Jurisprudence and Chemistry met and adjourned without transacting any business.

The Section on State Medicine and Public Hygiene was called to order by its Chairman, Dr. A. N. Bell, of Brooklyn, New York. A paper by Dr. H. I. Bowditch, of Boston, concerning the establishment of State Boards of Health and of a National Sanitary Bureau, was read by the Secretary. Drs. R. C. Kedzie, of Michigan; A. B. Stewart, of Minnesota; and A. N. Bell, of Brooklyn, New York, also read abstracts of papers on the same subjects. Dr. Kedzie offered a resolution that the Association petition Congress for the establishment of a National Sanitary Bureau, which was discussed at considerable length by Drs. Kedzie, Brown, Cochrane, Bell, Westmoreland, Johnson, Thomas, Pratt, Van Demen, Waterhouse, Jones, Baker, Howard, Hitchcock and Grey; after which the resolution was adopted, and the Section adjourned.

On the morning of the second day the general meeting of the Association commenced at 9 o'clock, A. M., in the Opera House, the Music Hall having been found too small to accommodate the audience. After some preliminary business, the report of the Judicial Council in relation to the revision of the Code of Ethics, was read by Dr. N. S. Davis, Chairman of the Sub-Committee to whom the matter was referred last year. The report was unanimously adopted by the Association, and we will give it a place in the EXAMINER at an early day. The constitution was so amended as to exclude all medical institutions and organizations from the privilege of sending delegates, except State and Territorial medical societies; and such district, county, and city medical societies as are recognized by representation in their respective State societies; and the medical staffs of the army and navy.

Dr. J. M. Keller, of Louisville, Chairman of the Committee on the Relative Rank of the Medical Staff of the Army, reported progress, and the Committee was continued.

Dr. N. S. Davis, of Chicago, delivered his annual address as President of the Section on Practical Medicine, Materia Medica and Physiology. It occupied less than the prescribed limit of forty minutes; was well received, and referred for further consideration to the Section just named.

Dr. S. D. Gross, of Philadelphia, President of the Section on Surgery and Anatomy, delivered his annual address, which, although occupying a full hour and a half, was listened to with fixed attention to its close, when it was referred to the Section over which he presided, and the Association adjourned.

At 2½ P. M. the sections reassembled in their respective rooms, but the numbers in attendance were less, on account of a steamboat excursion on the river for the benefit of the ladies. In the Section on Practical Medicine, Materia Medica and Physiology, a paper on the "Indigenous Medical Botany of West Virginia," by Dr. E. A. Hildreth, was presented, but the author not being present, it was referred for examination to a subcommittee, consisting of the President of the Section, with directions to report to the Committee of Publication.

The report of Dr. Samuel J. Deal, on the Cultivation of the Cinchona Tree, was read, its recommendations adopted, and the committee continued. A paper of some length on the "Mechanism of the Encephalic Circulation," by Dr. R. A. Vance, was read by Dr. W. M. Carpenter, the author not being present. The paper elicited a brief discussion, after which it was referred back to the author, for publication in such medical journal as he might choose.

Dr. F. R. Buckham, of Flint, Michigan, read a paper on "Uremia and its Relations to Renal Disease," which elicited remarks from Drs. Bennett, Hyatt, Osterloony and Farnsworth, after which it was referred to the Committee of Publication. The Section then adjourned.

In the Section on Obstetrics and Diseases of Women, a paper was read on the "Inverted Uterus," and referred to the Committee of Publication. A new form of Pessary was presented, and its use explained by Dr. Scott, of Woodstock, Canada, which elicited an interesting discussion, participated in by Drs. Warner, of Boston; Miner, of Buffalo; Pallen, of St. Louis; White, of Buffalo; Byford, of Chicago; Ditherly, of Syracuse; and Morris, of Baltimore. A vote of thanks was tendered to Dr. Scott, and the Section adjourned.

In the Section on Surgery and Anatomy, the time of the session was wholly occupied with a continuance of the discussion on the Treatment of Fractures, elicited by the report of Dr. Sayre, presented yesterday. It was participated in by Drs. Garcelon, of Maine; Waterhouse, of Wisconsin; Sayre, of New York; Reed, of Ohio; Whiting, of Wisconsin; Quimby, of New Jersey; Hughes, of Iowa; Pierce, of Illinois; Gregory and Guillford, of Missouri; and King, of Pennsylvania. The report of Dr. Sayre was referred to the Committee of Publication, and the Section adjourned.

In the Section on State Medicine and Public Hygiene, Dr. R. C. Ked-

zie read a paper on the "Influence of Drainage on the Public Health." Papers on the same subject were also presented by Drs. Cabell, of Virginia, and Bell, of New York. A report by Dr. Robert D. Murray, Surgeon of U. S. M. H. Service, on the "Climatic Influences of Key West, was also presented. After some discussion, these several papers were referred to the Committee of Publication.

The Association met in general session at 9 o'clock A. M., of Thursday, a full attendance being present. After some items of miscellaneous business, Dr. T. Parvin, President of the Section on Obstetrics and Diseases of Women, read his address on Uterine Hemorrhage and Transfusion, which was listened to with great interest, and referred for consideration to the Section just named.

Dr. A. N. Bell, of Brooklyn, Chairman of the Section on State Medicine and Public Hygiene, read his address on the "Waste of Life." A vote of thanks was tendered to Dr. Bell, and his address referred to the Section for consideration. Reports from the Committee on Prize Essays, the Committee on Necrology, and the Librarian were received, and referred to the Committee of Publication. After some further miscellaneous business the Association adjourned.

The several Sections again assembled punctually at 2½ P. M., and were called to order by their respective officers. In the Section on Practical Medicine, Materia Medica and Physiology, Dr. L. D. Bulkley read a short paper on a New Anti-Pruritic Remedy, which was referred to the Committee of Publication. The special remedy alluded to was a combination of hydrate of chlor. and gum camphor, equal parts one drachm, and rose ointment one ounce, thoroughly mixed, and applied frequently to the surface affected with pruritis. The address of the President of the Section, Dr. N. S. Davis, was then taken up for consideration, and after remarks by Drs. McLaughlin, Quimby, Rouse, Chubbuck, Grover and Bulkley, it was referred to the Committee of Publication, and two special committees appointed to carry into practical effect some of its recommendations. Dr. Garrish, of New York, read a paper on the "History and Treatment of Hydrophobia," which, containing no new matter in relation to that disease, was referred back to the author for publication in the medical periodicals. Dr. E. W. Grey, of Illinois, read a paper on the "Relations of Physiology to Practical Medicine," which was briefly discussed and referred to the Committee of Publication. Dr. E. Seguin, of New York, briefly explained his method of Mathematical Thermometry. The last paper presented to this Section was on "Electricity as a Restorative Agent in Narcosis and Asphyxia," by Dr. Caldwell, of Baltimore. The paper was read by the Secretary, and referred back to its author, with the recommendation that it be published in the medical periodicals. The Section then adjourned *sine die*.

In the Section on Obstetrics and Diseases of Women, the subjects of Transfusion and Ovariotomy were discussed by Drs. Parvin, White, Forbes, Busey, Sims and Dunlap. The address of Dr. Parvin, as President of the Section, was referred to the Committee of Publication, and the work of the Section was completed for this year.

In the Section on Surgery and Anatomy, Dr. George M. Beard, of New York, presented a communication on the "Uses of Electricity in Surgery," giving the results of his experience in the application of electricity to goitre, malignant tumors, and some forms of cutaneous disease. The communication was referred to the Committee of Publication. The Section spent an hour in the examination of instruments and cases, and then adjourned *sine die*.

In the Section on Medical Jurisprudence and Chemistry, Dr. E. Lloyd Howard read an interesting paper on the "Legal Relations of Emotional Insanity," and Dr. A. N. Talley, one on the "Relations of Psychology to Medicine," both of which were referred to the Committee of Publication, and the work of that Section was closed.

In the Section on State Medicine and Public Hygiene, the time was all occupied in the consideration of miscellaneous matters and the appointment of committees for future work.

The fourth and last general session of the Association commenced at 9 o'clock A. M., of Friday. Two hours were occupied in hearing the reports of the Committee on Nominations; of the Committee of Publication; of the Treasurer; and in passing complimentary resolutions. The following officers were elected for the ensuing year:

President—W. K. Bowling of Tennessee.

Vice Presidents—Wm. Brodie, of Michigan; J. J. Woodward, of U. S. Army; H. W. Brown, of Texas; H. D. Didama, of New York.

Section on Practical Medicine, Materia Medica and Physiology—Dr. Austin Flint, of New York, Chairman; J. K. Bartlett, of Wisconsin, Secretary.

Section on Obstetrics and Diseases of Women—Dr. W. H. Byford, of Chicago, Chairman; S. C. Busey, of Washington, Secretary.

Section on Surgery and Anatomy—Dr. E. M. Moore, of Rochester, Chairman; T. S. Latimer, of Baltimore, Secretary.

Section on Medical Jurisprudence and Chemistry—Dr. J. Cochrane, of Mobile, Chairman; G. A. Moses, of St. Louis, Secretary.

Section on State Medicine and Public Hygiene—Dr. H. J. Bowditch, of Boston, Chairman; H. M. Baker, of Michigan, Secretary.

The place selected for the next annual meeting is Louisville, Kentucky.

We have given the foregoing simple outline of the doings of the recent meeting of the American Medical Association, that our readers may form some idea of the actual amount and kind of work done during the four days spent in Detroit. About 450 members were in attendance, including a large delegation from the Dominion of Canada. Dr. Toner presided with dignity and ability. The most perfect good order and harmony prevailed throughout, and we seriously doubt whether an equal number of men, belonging to any profession, ever met and accomplished more actual work in the same length of time, and with so much decorum and good feeling. The profession and citizens of Detroit were lavish in their hospitality, and the evening entertainments were delightful.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—This Association met in the office of Dr. W. Brodie, Detroit, June 1, 1874, at 7½ P. M. The meeting was called to order by Dr. N. S. Davis, and the President, Dr. W. K. Bowling, of New York, was conducted to the chair. The minutes of the last meeting were read by the acting Secretary and approved.

The following members were present: Drs. N. S. Davis, of Chicago; W. T. Briggs and W. K. Bowling, of Nashville; W. S. Edgar, of St. Louis; T. M. Stevens, of Indianapolis; Leartus Connor, of Detroit; W. T. Taylor, of Philadelphia; J. M. Toner, of Washington; and E. Lloyd Howard, of Baltimore. The President, Dr. Bowling, then delivered a very interesting address, a copy of which was requested for publication. Dr. W. S. Edgar read a paper in opposition to the establishment of State Universities for the education of professional men, and especially medical men. He claimed that it was not only unfair to tax the whole people for the education of a few in the higher and more special branches of learning, but that the establishment of medical schools as departments of State universities often caused them to be located in small towns where there can be no facilities for clinical instruction, and no adequate field for a competent corps of teachers to practice in. The paper elicited some remarks by Drs. N. S. Davis and T. M. Stevens, after which the following officers were elected for the ensuing year:

President—Dr. W. S. Edgar, of St. Louis.
Vice President—Dr. L. Connor, of Detroit.
Secretary—Dr. F. H. Davis, of Chicago.

The Association then adjourned to meet on the Monday evening previous to the first Tuesday in May, 1875, in Louisville, Kentucky.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, MAY 25TH, 1874.

Reported by Ralph E. Starkweather, M.D.

THE Society met, as usual, at the Grand Pacific hotel. Dr. Jno. Bartlett, President, in the chair. On motion of Dr. Owens, the minutes of the previous meeting were approved.

Dr. Trimble was prepared to submit only a partial report from the Board of Censors, and requested that hereafter the members of the Society would comply more strictly with the third article of the Constitution, in reference to giving full information respecting the candidates proposed for admission into the Society.

Doctors J. W. Freer, W. A. Harvey and H. Hooper were unanimously elected members. The names of Doctors H. M. Bannister, H. W. Jones, M. O. Heydock, and H. W. Boyd were proposed, and referred to the Censors.

The customary order of proceedings was now, on motion, suspended, by the presentation and discussion of

a series of resolutions and amendments, which will await final action at subsequent meetings.

Dr. Trimble proposed, as an addition to the first article of the Constitution, to insert, "are now or have hitherto been regular practitioners in the city of Chicago, and are not now engaged in other business." This was farther amended by Dr. Owens, seconded by Dr. Hyde, "that no applicants be considered eligible as members of this Society, who have not been engaged in practice three years."

Dr. F. H. Davis thought that the period of three years was rather too long, but would favor an interval of one year, after graduation. It is really the young men who do much of original investigation and study—before they become much engaged in business; and it would discourage such men, were they kept out of societies, unable to present the results of their studies.

Dr. Owens—The limit of three years is approved by many useful members of this Society, not here present this evening.

Dr. Wood—Would like to see the period made three, or even seven, years, as it would elevate the standard of the Society, and make it compare favorably with those of other countries and cities.

Drs. W. C. Lyman and Blake thought the clause relative to following any other business, ought to be excised.

After remarks by Doctors Henrotin and Jackson, Dr. Emmons suggested that the rules of the Association, and the powers of the Censors, covered the subject already.

Dr. Hyde replied, that the Code of Ethics of the American Medical Association does not prescribe who shall be its members—whether a druggist or physician; it simply directs physicians to discourage the selling by druggists of nostrums—patent medicines, and the like.

Dr. Merriman opposed frequent changes in the Constitution as unnecessary. The Society could supplement the action of its Board of Censors, when voting upon membership.

Dr. Hyde objected to the annual overflow of graduates from the colleges pouring into the societies. He would favor the period of two years, as a compromise.

Dr. Blake—It seems to me that it ought to be well understood, that this Society does not admit a person who is not a practicing physician, or who may be a druggist. It is unfair to leave such responsibility to the Censors; they deserve to have our support.

Dr. Trimble said the amendment he offered had no intention of interfering with the private business of the members—except so far as the subject involved the drug business.

Dr. Jackson suggested adding to article I, "who possess a good, moral, and professional reputation; who shall have been practitioners of medicine for two years, and who shall not be interested in the sale of drugs, medicines or surgical appliances."

On motion, the following resolution was adopted:

WHEREAS, In the judgment of this Society, it is unbecoming for a member of the medical profession to engage in the business of a druggist or apothecary, and,

WHEREAS, It is reported that certain members of this Society are about to, or have already thought it proper to, assume a financial interest in the prosecution of the general

business of the sale of drugs and medicines; therefore,

Resolved, That the Censors of the Society are hereby requested to ascertain if such reports implicate any of its members; and if yea, to enquire of such members, respecting the fact of such traffic or business. And, if these allegations be true, they shall be informed by the Censors that they will be allowed to resign honorably to themselves, during the period of one month from the date of such inquiries; and,

Resolved, That in case any member who has been found to be engaged, or interested financially, in the business described, does not confess to the same, or refuse to resign the membership in one month, the Censors shall forthwith proceed to bring such member to trial, in the form and manner prescribed by the Constitution and By-laws of this Society.

Dr. Hyde, in behalf of Dr. F. H. Davis, presented the report of the Banquet Committee, with vouchers, which was accepted, and a vote of thanks to the committee carried.

It was voted, that delegates from this Society, to the State and American Medical Societies, be elected at the annual meeting.

The President announced the following appointments to the Sections:

1. On the Practice of Medicine, to report July 13, 1874—Dr. Walter Hay, Chairman; Drs. J. H. Hollister, W. C. Lyman, W. M. Boyd.

2. On Materia Medica and Therapeutics—Dr. D. B. Trimble, Chairman; Drs. J. H. Etheridge, F. H. Davis, H. P. Merriman.

3. Section on Surgery—Dr. E. Andrews, Chairman; Drs. E. Powell, H. McKennan, C. T. Parkes.

4. General Pathology, to report January 11, 1875—Dr. I. N. Danforth, Chairman; Drs. Lester Curtis, C. P. Simon, F. Henrotin, Jr.

5. Obstetrics and Diseases of Women—Dr. DeLaskie Miller, Chairman; Drs. A. Reeves Jackson, A. P. Peck, M. W. Wood.

On motion, the Society adjourned.

MEETING JUNE 8, 1874.

The following gentlemen were elected to membership: Doctors M. O. Heydock, H. M. Bannister, H. W. Jones and D. A. K. Steele. The names of Drs. H. A. Johnson and H. K. Newton were proposed and referred.

Dr. Hyde read a paper, "Notes on the Microscopical Appearances of the Brains of the Insane," prepared by Dr. Walter Kempster, of the Northern Asylum for the Insane, at Oshkosh, Wisconsin, formerly of the New York State Lunatic Asylum, at Utica. He had made microscopical examinations in forty-nine cases. Numerous slides were exhibited of sections, made mostly through the third left anterior cerebral convolution, illustrating the lesions of acute mania; the large sclerous patches in chronic mania; the dementia of syphilitic paralysis; one section through the olivary body, and one through the pons varolii—each illustrative of acute mania.

Numerous micro-photographs were likewise shown, illustrating the lesions of cerebro-spinal meningitis; of numerous colloid masses in the medulla oblongata, and large degenerated masses with dense fibrous investing membrane in the spinal cord, opposite second cervical vertebra—each illustrative of acute mania. Also, a section through the olivary bodies, in a case of puerperal mania, showing fibres and connective tissue in degenerated masses.

After acknowledging the great abil-

ities and researches of Lockhart, Clarke, Virchow, Meynert, Shultze, Deiters, and others, in the study of the nervous system, Dr. Kempster remarks that, so far as he is aware, none of them have directed especial attention to the abnormalities found in the brains of those who die while insane.

Reference was made to an article in the *Edinburgh Medical Journal* for September, 1868, by Dr. J. B. Tuke, as being the only exception which Dr. Kempster was able to find.

The student is met with the stereotyped phrase that there are no discernable lesions peculiar to insanity. For a number of years Dr. Kempster has been making systematic microscopical study of the brain, and has examined the lesions of all forms of insanity, from acute mania to dementia, including puerperal and epileptic insanity.

In each and all forms he has found a marked lesion—so that certain lesions may be grouped together as common to certain forms of insanity, and to which lesions any particular type of insanity is palpably due. There is a wide difference between the lesions of acute and chronic mania.

I. In certain forms of insanity, and notably in dementia, the finer capillaries show marked indications of disease, the peri-vascular sheath surrounding the vessel is distended, so much so, that sometimes the vessel itself appears to lay in a tunnel, its calibre being much less than the sheath, doubtless due to repeated capillary congestions of the vessels often diseased—irregular in calibre, suggesting the idea of aneurismal dilatations, but entirely distinct from the miliary aneurisms so ably described by Charcot.

II. Next, there is a degeneration, best studied in cases of dementia of syphilitic origin, and in the medulla oblongata, in the wall of the capillary, presenting dark red patches at various points outside its walls, which gradually thicken, and appear to be due to a fatty metamorphosis or atheroma. The description by Meynert, though accurate, is by no means so complete as could be desired.

III. In 1871, while examining a section taken from the grey and white matter of the third left anterior convolution, there was a peculiar appearance of the tissue. Situated in the white substance, but very closely to the grey matter, there were a number of small *white spots*, some round, some ovoid, clearly defined, in sharp contrast with the nerve tissue, varying in size, from 1-50 to 1-200 of an inch in diameter—these appeared to be of a granular consistence, and much more dense in structure than the surrounding brain substance; each disconnected from the other, and normal white matter intervening. They did not absorb carmine, and were not connected with the capillaries. On the surface of some of the spots are fibres of connective tissue and crystals of margarine. To determine the true character of these spots and the degeneration, certain very elaborate and extensive micro-chemical manipulations were made, not here necessary to be stated. On allowing a section to dry, either with or without the nitric acid treatment, these spots appear to project above the surface of the section. By teasing, they may with difficulty be removed. None of these spots have been observed in the grey

matter. They are most numerous in the medulla oblongata, and may be found in the white matter of the spinal cord.

IV. There is another form of degeneracy, one which was found in cases of acute mania. The spots are less in size; are far more numerous than in the other variety (3); resist carmine staining; do not possess the granular characteristic; there are no spindle-shaped fibres of connective tissues about them; they behave very differently under the micro-chemical tests applied to the other variety of spots. The points of resemblance are mainly in color and apparent density. Neither of them have any investing membrane.

V. A fifth variety, as large in size as the third, possesses a dense investing membrane, which resists carmine staining and is less granular than the third and fourth. It exists in the same brain with the fourth variety. These spots or masses of the fifth variety are called "colloid," because of their resemblance to such growth, and are found in the medulla oblongata and pons varolii. The last three varieties of degenerated masses, or spots, have one feature in common—a well-defined edge, a clean-cut margin, easily made out.

VI. A sixth variety, common in cases of dementia, and where the atheromatous capillary is found, is one in which the mass passes insensibly into the surrounding normal tissues. This form is larger and less distinct than the others. It more nearly resembles normal brain tissues. Sometimes these masses are lobulated. They are granular and dense, less numerous than in the other varieties, and do not appear in clusters. They appear to destroy or transform the tissues, and if surrounding a capillary, destroys its walls. A point of resemblance in common with the third variety is, that connective tissue fibre appears in both.

The condition of the cellular structures of the brain, of the nerve-fibres and so-called lymph-spaces, are all fields rich in results not here spoken of.

A resolution of thanks to Dr. Kempster, and his election as honorary member of the Society, were unanimously carried. The amendment to Article One of the Constitution, proposed by Dr. Jackson at the last meeting, was taken up and accepted.

ICED WATER INJECTIONS IN ACUTE DYSENTERY.—In the *Berliner Klin Wochenschrift*, December, 1873, Dr. Wenzel has a communication regarding the favorable results with which he has employed clysters of iced water in relieving the most severe hemorrhage and tenesmus in a great number of cases of *acute* dysentery. The enemata may be rendered still more efficacious by the addition of finely *shaved* or pounded ice.

AT the fifth annual meeting of the French Association for Opposing the Abuse of Alcohol and Tobacco, the President, Jules Guerin, called especial attention to the falling off in the use of both tobacco and spirits, as evinced by the serious deficit in that department. Additional taxes have recently been imposed upon both these articles, which, in his opinion, would cause a still further decrease of their use.

Book Reviews.

LIGATION of Arteries. An operative manual by Dr. L. H. Farrabeuf, Aide d'Anatomie a la Faculte, Ancien Interne des Hopitaux de Paris. Translated by John D. Jackson, M.D., of Danville, Kentucky. With engravings; pp. 157. Philadelphia: J. B. Lippincott & Co., 1874.

The unpretentiousness of this little volume is no measure of its excellence. The author desires to inform the would-be operator, not only as to what is to be done and what is to be left undone, but precisely *how* to do the former. After carefully reviewing the treatises on operative surgery, published in his own country and abroad, he proceeds to produce a work which does not presume to describe all known processes for artery ligation, but those preferred by most eminent surgeons. In this respect, it is an exceedingly valuable and compendious treatise.

To Dr. J. D. Jackson, we beg leave to extend our thanks and congratulations. He has demonstrated that some good can come out of Nazareth.

From the host of illy-devised, slovenly-written, poorly-translated works of Western and Southern medical men, we select his little volume as an evidence of the better things of which they are capable. It is fairly in an English dress, and does not wear the garments of a harlequin or a distinguished foreigner. There is nothing careless or slip-shod in his version. It is, in short, well done. The volume is elegantly produced by Messrs. Lippincott & Co., and the forty-three plates are faultlessly executed. "*Rari nantes in gurgite vasto.*"

Lectures on the Diseases of Infancy and Childhood. By Charles West, M. D., Fellow of the Royal College of Physicians; Physician to the Hospital for Sick Children; 5th American; from the 6th Revised and Enlarged English Edition. Philadelphia: Henry C. Lea, 1874; pp. 663. Chicago: Jansen, McClurg & Co.

This work has been so long and so favorably known to the medical profession everywhere, that another edition calls for little more than a word of welcome. Praise is superfluous where merit has already gained its deserved reward. The perfect clearness of the style of the author, the practical character of his instruction, and the completeness of the study of each special disease, render the volume indispensable to every practitioner who is called upon to treat children.

Dr. West is now sixty years old, and can refer to a period of thirty years past, when there was not a single hospital for children in Britain or America. If we have to-day institutions of that character, reared by a large-handed liberality, and conducted in accordance with a method whose progress has almost created a new field of medical science, we owe it to Charles West, and his co-laborers, in the department of Diseases of Children.

A Treatise on Pharmacy. Designed as a text-book for the Student, and as a guide for the Physician and Pharmacist, &c., &c. By Edward Parrish. Fourth edition, enlarged and revised by Thos. S. Wiegand. Chicago: W. B. Keen, Cooke & Co.

Parrish's Practical Pharmacy has long held a high rank amongst works on Pharmaceutical Science. Physi-

cian and Pharmacist have alike regarded it as the standard on all subjects of which it treated. It is with pleasure, therefore, that we welcome a new edition of this excellent work. After the sudden death of Prof. Parrish, in the fall of 1872, the question was often asked: How about the new edition of his work? on the preparation of which he was known to be engaged. Considerable uncertainty existed on the subject, till it was known that Mr. Thos. S. Wiegand, of Philadelphia, had undertaken the onerous duty of completing the work begun by Mr. Parrish. That he has carefully and faithfully performed this difficult and arduous task, the volume before us affords ample proof. During the decade which has passed since the last edition was published, many new discoveries have been made in chemical science; many old theories have been exploded, and many new ones advanced. The United States Pharmacopœia has been revised, changing many old formulæ, and adding numerous new ones. The new notation has also been almost universally adopted. All these points have been duly taken into consideration by Mr. Wiegand. The latter, that of figuring out all chemical formulæ, in accordance with the new notation, must have been of itself no mean undertaking.

The work is divided into six parts, with an appendix, and, although considerably changed in arrangement, the general design of the former editions has been retained. With these few remarks we heartily commend the work, and have no doubt but it will maintain its old reputation, as a text-book for the student and a work of reference for the more experienced physician and pharmacist.

The Influence of Nitrogenous Matter upon the Secretion of Gastric Juice.—At a recent meeting of the Biological Society of Paris [*Jour de Therap.*], an explanation was given, by M. Levin, regarding experiments tending to prove that the introduction of nitrogenous matter into the stomach brings to the gastric glands certain materials which promote the production of the gastric juice. Indeed, if two and a half ounces of some fatty substance, such as oil, for example, are placed in the stomach of a dog, upon killing the animal an hour subsequently, it will be found that the liquid in the stomach contains but a very slight amount of pepsin, and very often that it is entirely neutral to re-agents. So long as non-nitrogenous matter remains in the stomach, that organ secretes nothing but a liquid, which is absolutely destitute of gastric juice. It seems that the stomach has need of albuminoid aliments to facilitate its normal action, and to allow it to secrete upon its mucus surface a liquid of active reaction, and charged with pepsin. F. J. H.

The leaves of the *eucalyptus globulus*, smoked in the form of cigarettes, are reported by the French medical journals to be efficacious in cases of bronchial and asthmatic affections.

THE

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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

MALARIAL COMPLICATION OF VALVULAR DISEASE OF THE HEART.

A CASE REPORTED BY LESTER CURTIS, M.D.

ABOUT two months since a robust Irishman, whom I had been fortunate in relieving of an asthmatic trouble, brought a young man to me for treatment, hoping that I might do something for him also, as the young man's trouble was, he stated, just like his own.

D—— H——, the new patient, was about sixteen years of age; he was pale and waxy looking, his lips only showing traces of color. He was not, however, emaciated, but had a puffy look about the face, and some œdema of the ankles.

He told me that he had been suffering from hæmorrhage of the bowels for two or three years: the attacks coming every two or three weeks or sometimes oftener. The hæmorrhages would come on without any premonition, he often not knowing of their occurrence until he saw the blood. The bleeding was often considerable in amount, and weakened him a good deal. With the exception of this trouble he claimed to have been well until about six months previous, when he began to experience difficulty of breathing after exertion. The shortness of breathing had come on gradually, and, at the time when I saw him, was so great that he could scarcely walk half a block without stopping to rest. I was unable, by the closest questioning, at his first or subsequent visits, to discover anything from which this dyspnœa could have arisen. He had never had any pain or swelling in the joints, or any symptoms corresponding to rheumatism. He had, when first examined, a dry, harsh cough, which dated like the dyspnœa to a period

about six months previous, before which time he had never been troubled with a cough, nor had he ever been subject to any hard labor or strain of any kind.

Examination showed hæmorrhoidal tumors as the source of the bleeding from the rectum. Nothing abnormal could be detected about the lungs except a few rales.

The apex of the heart was in the sixth intercostal space, and somewhat to the left of the nipple. The lower border of the heart lay along the sixth intercostal space, and extended about an inch to the right of the sternum. The apex beat of the heart was not confined to one spot, but a wavy impulse extended over almost the whole of the space of dullness occupied by the heart.

A faint murmur, heard with difficulty and leaving room for considerable doubt as to its existence, could be heard at the apex. No other sound could be detected, but a pulsation in the jugulars also indicated tricuspid insufficiency. After a few days' treatment with digitalis and iron the extent of the dullness of the heart diminished perceptibly in size, then a systolic murmur at the apex came out loud and clear. From this I inferred that the left ventricle had been covered, and its sounds had been masked by a dilated right ventricle, and that the tonic action of the digitalis and iron, causing contraction of the right ventricle, had uncovered the apex of the left ventricle, and also that perhaps the sounds had become louder by the more vigorous contraction of the heart.

The patient continued steadily to improve, his hæmorrhoids ceased to bleed, the œdema disappeared, his color was better, and he became strong enough to walk a mile or more without uncomfortable fatigue or difficulty of breathing.

Wednesday morning, May 27, a message was sent to me to come to the patient immediately, as they considered him to be dying. On arriving at the house I was detained a few minutes by the priest, who had also been called to see him. When admitted I found him in a collapsed condition and laboring to breathe; his skin was pale and clammy, his face anxious, and dark circles surrounded his eyes; his pulse was feeble and fluttering, and his tongue covered with a yellow fur.

On inquiry, I learned that, the morning before, he had ridden down town without taking his breakfast, in company with an uncle and some boys; that he had staid away from home nearly the whole of the day, eating little and drinking several glasses of beer. He returned, however, without being intoxicated; but about three o'clock in the morning he awoke with a feeling of nausea, and soon began vomiting. He had vomited five or six times before I saw him, about half past seven o'clock; his bowels, however, had not moved, although he had once or twice seated himself upon the chamber with the expectation that they would move. His mother at first told me that he had been feeling well until the previous morning, but after careful inquiry I found that for a day or two his appetite had been poor and his bowels irregular: at one time relaxed, at another constipated, and that the passages had been of a greenish color and of a bad odor.

I prescribed some powders contain-

ing three grains of oxalate of cerium, to be given every two hours as long as the vomiting continued, and directed the following prescription to be given after an hour:

℞ Tr. Digitalis, f ʒ iij
Acidi Carbolici, gtt xij
Aquæ, f ʒ i
Glycerini, ad f ʒ ij
Mix. Sig. Teaspoonful every three hours.

I saw the patient again a little after noon. He had taken one of the powders at eight and one at ten, when the vomiting having ceased, they were stopped. He had also taken a teaspoonful of the digitalis mixture at nine o'clock and one at twelve. His bowels had moved soon after I left in the morning; the passage consisted of two or three hard greenish lumps. His skin was hot and dry; pulse, 120 per minute, and strong; the digitalis mixture was continued. I saw him again between seven and eight in the evening. He had taken the digitalis mixture at three and six. His pulse was softer and less frequent, and his skin was quite moist. I gave the mother ten sugar-coated pills of sulphate of quinine, directing her to give three pills at once, three at nine o'clock, and the remaining four at five o'clock the next morning.

Thursday—Saw him again at eight o'clock. He had rested well and was feeling well, except slight nausea. I prescribed eighteen grains of sulphate of quinine to be divided into six powders, one to be taken immediately, one before dinner, one before supper, and one at bed time.

Friday—Saw him again about eight in the morning. The mother had misunderstood the directions, and omitted the powder at bed time. He felt well, however. His bowels had not moved since Wednesday. I prescribed pil. hydrarg., gr. v, to be taken at once, and, if the bowels did not move, to be followed by a dose of epsom salts; quinine powders to be continued three times a day. The father came around to see me in the evening. He told me that the bowels had not moved, but the boy was feeling well. I directed small doses of quinine and iron to be taken for several days, and also ten drops of tincture of digitalis three times a day, to be continued indefinitely, and discontinued my visits.

A NEW FORM OF THE BINAURAL STETHOSCOPE.

F. H. DAVIS, M.D.

THE binaural form of stethoscope, devised by Dr. Camman, from whom it takes its name, is undoubtedly a very great improvement upon the original single-barrelled wood or ivory instrument. As ordinarily manufactured, however, the Camman stethoscope possesses some objectionable features, which, we think, have detracted much from its popularity and general usefulness. In the first place, it is most inconveniently cumbersome and heavy, and not at all adapted for a pocket instrument. Now, in order to make his stethoscope at all useful as an aid to diagnosis,

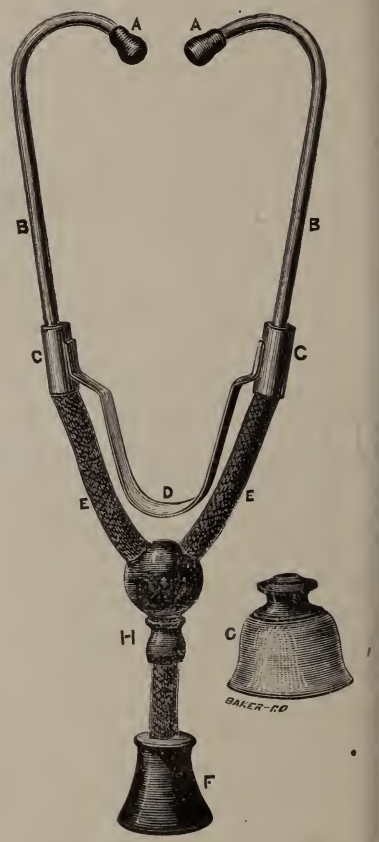
the physician must have it constantly by him. The particular cases and emergencies where its use is called for, are liable to occur at any and all times.

A pulmonary sound or a cardiac murmur, which is manifest but imperfectly or obscurely to the unaided ear, calls for a closer study with the stethoscope; or it may be that a case of small pox, or measles, or scarlatina is met with where pulmonary or bronchial complications are suspected, calling for a physical examination of the chest. In these latter cases we might hesitate to place our head in direct contact with the patient, and must have our stethoscope by us or omit the examination, and thus perhaps endanger the welfare of our patient. Of more frequent occurrence still, in the practice of most of us, are the cases where the filthy, uncleanly condition of the patient and his clothing renders a close contact with his person highly undesirable.

In the ordinary Camman stethoscope the fixed uniform curve of the ear tubes also prevents their proper and perfect adjustment in many cases, the same curve not suiting equally well all persons' ears. This has been a fruitful source of dissatisfaction, and has caused many physicians to condemn entirely the binaural form of stethoscope, and give preference to the old-fashioned, straight wooden tube.

Studying to overcome these imperfections, I have had manufactured for me a modified form of binaural stethoscope, a representation of which is herein appended:

Its chief peculiarity consists in the substitution of the spring D for the hinge-joint and rubber-strap which connects the tubes in the ordinary form. This gains for us several inches of room, and furnishes, besides, an easy, perfect, and much more durable adjustment to the ears. The tubes marked B disconnect from the sockets C, in packing, and can also be turned or adjusted in the same socket to the angle that best suits the ears of the



one using them. The lower end and chest-piece, F, also separates at H, and the four parts of the instrument thus disconnected will pack into a case or box four and a half inches long, by three and a quarter wide, and one inch thick. This slips into the side coat pocket as easily as a memorandum book or a small pocket case.

The extra chest-piece, shown at G, has a soft rubber end, adapted to fit into the irregularities of the chest between the ribs, in emaciated subjects, where it is difficult to apply the hard end. This improvement was suggested, we believe, by Dr. Austin Flint, several years ago. Some who have used it seem to like it, others prefer the smaller hard end, which answers the same purpose.

Messrs. Shepard & Dudley, of New York, have manufactured some stethoscopes of this pattern, of very superior workmanship and finish, which are retailed at six dollars. Their agent in this city, E. H. Sargent, 785 Wabash ave., also has them on sale.

Chicago, June 20, 1874.

Society Reports.

AMERICAN MEDICAL ASSOCIATION.

REPORT OF JUDICIAL COUNCIL.

DR. N. S. DAVIS, of Illinois, Chairman of the Judicial Council, read the following report:

The undersigned Committee, to whom was referred the question of a general revision of the Code of Ethics of the American Medical Association, respectfully report as follows: Soon after the adjournment of the annual meeting in May, 1873, the Chairman of your Committee, being desirous of ascertaining how far there existed a desire in the minds of the profession to have the Code changed, addressed letters of inquiry to thirty or forty men in different parts of the country, who might be supposed to represent the general sentiment of the profession in their respective districts, from twenty-five of whom answers were received. Fourteen expressed an entire approval of the Code as it is, and thought it better to attempt no changes. Six were opposed to any general revision, but supported slight changes in some sections, while only five expressed such dissatisfaction as to indicate a desire for thorough revision.

If these correspondents might be regarded as fairly representing the profession, any important changes in the Code would be in direct opposition to the wishes of a large majority of those for whose guidance it was framed. Those who have expressed a desire for changes in the present Code are readily divided into two classes. The first class appear to look upon a Code of Ethics in the same light as ordinary By-Laws, and consequently regard all in the present Code, relating to the duties of patients to the physician, of the public to the profession, and of the profession to the public, as superfluous and useless. They would retain nothing except the rules governing the intercourse of physicians with each other, and a very few of this class object to any *written* rules, claiming that the unwritten sense of *honor* belonging to members of an educated profession is sufficient to afford all needed guidance and control. It seems to us that the objections of this whole class are founded on a narrow and imperfect conception of the real

nature and objects of an Ethical Code. The latter, instead of consisting of a set of rules or By-Laws, simply defining the duties and privileges of members of some organized Society, should be a concise and full exposition of the relations sustained by a profession to the rest of the community, the mutual obligations imposed by such relations, and the rules governing members in their intercourse with each other. Hence, a Code of Ethics for our profession must partake more or less of the nature of a moral essay, developing principles for guidance equally applicable to all places and times, instead of a few simple rules applicable to the members of some particular Society. It was with this view that Dr. Percival wrote his celebrated essay in the latter part of the last century, and which has been regarded as a standard authority in Europe from that time to the present. The same idea evidently controlled the very able Committee appointed by the preliminary convention in 1846 to report a Code of Ethics for the profession of this country, and who gave us the admirably concise and well arranged summary of the principles evolved by Percival, which constitutes our present Code.

To strike out, as some have proposed to do, all relating to the duties of patients, the community, and the public toward the profession, would be to destroy the completeness of the work, and obscure the meaning of what was retained. For the members of any given profession cannot rightly appreciate the relations they sustain to each other, without considering at the same time their mutual relations and duties to the community in which they live. After a very careful examination, we are satisfied that the present Code of Ethics presents the true ethical relations and duties of the profession, in a form as concise, as well arranged, and as complete as it is possible to express them. The principles and rules of conduct enumerated are clearly stated, and are equally applicable for the guidance of all who attempt to practice the healing art, whether they are members of any medical organization or not.

The second class, whose members desire alterations in the present Code of Ethics, do not object to its general scope, but ask for amendments or additions to particular sections only. With only a few and unimportant exceptions, these propositions all relate to two subjects, namely, *specialties* and bestowing professional services by *contract*. Concerning the first of these, there seems to be much false reasoning and needless irritation. If *specialists*, or those who limit their practice to some one class of diseases or accidents, are members of the profession, it follows, logically, that they must be governed in all respects by the same ethical principles as the general practitioners; for no enlightened body of men can consistently have one Code of morals for one part of its members and another Code for the rest. Whatever may be regarded as derogatory to the dignity and welfare of the general practitioner, must be equally so to the specialist so long as he is recognized as a member of the profession. If the one may not issue cards, hand-bills, etc., calling the attention of those laboring under particular diseases to themselves, neither can the other, without violating the principles of both justice and equality.

The Code of Ethics very properly makes no mention of specialties or specialists, but presents plainly the rules necessary for the maintenance of professional character as applicable to all. But we are asked, how, then, can those who wish to pursue a special practice make known their position to their brethren and the public? We answer, that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to the appellation has the right to occupy the *whole* or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community, that the man accepting it is ready to attend

practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of doctor, it should be indicated, not by special or qualifying titles, such as *occulist*, *gynecologist*, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice appended to the ordinary card of the general practitioner, saying, "Practice limited to diseases of the eye and ear," or "to diseases peculiar to women," or "to midwifery exclusively," as the case may be. Such a simple notice of limitation, if truthfully made, would involve no other principle than the notice of the general practitioner that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privilege beyond this, would be to invest him with a special privilege inconsistent with the equality of rights and duties pertaining to the whole profession. We see no reason, therefore, for recommending any change in the present Code of Ethics in reference to this subject.

The remaining topic, concerning the bestowal of professional services under specific *contracts* specifying the amount of pecuniary compensation, is of sufficient importance to require careful attention.

The present Code of Ethics, while sanctioning a most liberal bestowal of gratuitous professional service to the poor, whether as individuals or in public charitable institutions, and in aid of the sanitary interests of communities, yet expressly prohibits the bestowal of such services on well-to-do individuals, endowed, mutual benefit, or any kind of money-making institutions, societies or corporations. It also expressly prohibits all attempts to attract attention or make merchandise of charity by ostentatiously parading before the public notices proffering services and medicine to the "poor gratis." We see no reason why this is not sufficient so far as relates to the regulation of gratuitous services. To govern the matter of compensation, the Code simply gives us the following general declaration: "Some general rules should be adopted by the *faculty*, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit." The aim appears to have been, to allow sufficient variations in the rate of compensation to accommodate the varying habits and circumstances of different communities, and yet to bind each individual to an honorable compliance with the general rules established by his professional brethren. Such being the correct ethical principle, the difficulty consists in tracing and maintaining clearly its practical application. That the principle laid down in the paragraph just quoted is inconsistent with all contracts or agreements to attend individuals, families, companies, corporations, or any associations or institutions other than those of a strictly charitable character, for a specified sum per month or year, without regard to the amount of medical services that might be required in the time specified, no one can reasonably doubt. It seems to us equally inconsistent with the ethical rule to enter into a contract with a manufacturing company to attend their employes, or with a school to attend its patrons or scholars, for a fixed sum per annum, to be derived from the levy of a certain per centage on the wages of the employes or on the tuition fees of the students; for however plausible may be the humanitarian idea of securing for the employe and student adequate medical attendance when sick at the smallest average cost, the practical working of the system violates both the rule that compensation for medical services should be in accordance with the kind and amount of services rendered, and that every individual and family should be free to choose their own medical attendant

without dictation or indirect restraint.

These observations do not apply to a certain kind of contract service, sometimes required in connection with the medical staffs of the army and navy, nor to the hospital tax on sailors in the marine hospital system, for reasons too obvious to require mention. One other subject requires a few moments attention. There is a class of public charitable institutions, such as county almshouses, orphan asylums, etc., supported by public taxation. In many of the States the public authorities having control of such institutions, have annually asked for bids from the profession, offering to award the contract for professional services to the one who should bid for the lowest pecuniary consideration. While as charitable institutions any member of the profession might offer his services to such of the poor inmates as might ask for them, gratuitously; yet the idea of asking members of the profession to bid against each other, for the pay for public professional services, is repugnant to every feeling of professional honor, and often productive of great injustice to the sick poor.

The public authorities in all such cases should fix just rate of compensation for the necessary medical services as they may deem best, and then appoint the best medical man who is willing to accept the compensation proposed. And, we have no doubt, but that a proper attention to this subject on the part of the profession would secure the necessary change.

It is, however, very desirable to so manage all our pecuniary relations with the public, and especially with municipal and legislative authorities, that we avoid creating the impressions on the public mind that the profession and its social organizations are little better than mere trades-unions, having for their chief object mutual pecuniary protection. After carefully reviewing the whole subject, your Committee do not recommend any alteration in the present Code of Ethics. On the contrary, we desire to express the opinion that if every medical school and society would supply each graduate as he left the school, and each member initiated into the society, with a printed copy of the Code, accompanied with the injunction that it be carefully studied, it would be productive of much good, directly to the profession and indirectly to the community.

N. S. DAVIS,
Chairman of Committee.

Detroit, June 3, 1874.

CHICAGO MEDICAL SOCIETY.

REGULAR SEMI-MONTHLY MEETING JUNE 15, 1874.

Reported by Will. T. Montgomery.

THE regular semi-monthly meeting of the Society was held in the parlor of the Gault House, the President, Dr. Quine, in the chair. Special order of business—Report of Section on Materia Medica.

Dr. Millard read a paper on "Ergot as a Therapeutic Agent." In his paper, the Dr. said: Although the chief uses of this remedy are confined to those affections of the uterus, over which it seems to exercise a specific action, he had been induced to give it extensive trial in other complaints, and had found most satisfactory results from its use. In parturition, he said

the action of ergot was familiar to all. The constant pains it produces are characteristic, and different from natural labor pains. He thinks it acts through the ganglionic nervous system, producing a contraction of the muscular coats of the arteries. Dr. Sequard has found that ergot produces a contraction of the blood vessels of the pia mater of the dog, and that the reflex action of the spinal cord is diminished. In many of the labors he had attended, he had given ergot with the most salutary results. He had never observed any ill effects from it, to either mother or child, when judiciously given. He never gave it unless the os was dilated or dilatable. In Menorrhagia from obstructive cardiac disease, that associated with a diseased portal system, and that consequent upon a scorbutic state of the system, accompanied by an increase of the catamenia, he had found much benefit from the fresh infusion of ergot and borax.

Amenorrhœa occurring in the plethoric is best treated for a few days with salines, aloetic purgatives, or medicines which act upon and increase the circulation in the large intestines, these to be closely followed by two-ounce doses twice a day, of the infusion of ergot.

In Hæmoptysis, in the commencement of phthisis, he had given ergot with good effect, but would not prescribe it in the advanced stages, as it then sometimes produced vomiting.

He had found great benefit from it in hæmaturia, and thought it was far superior to either turpentine or the mineral acids.

Constipation of the paralytic is remedied by this drug when the most powerful cathartics fail. He had used the infusion of ergot as an injection in gleet, with good results, three or four times daily.

In the discussion that followed, Dr. N. S. Davis said: The subject is an important one, and may be studied with benefit. It is but a few years since this drug was entirely limited to parturient cases. It is now known to have a specific action upon the ganglionic centres. Whether it has a specific action upon the vascular system except through the nervous centres, he was not then prepared to say. He began to use ergot in cases of hœmorrhage as long as fifteen years ago. He used it in combination with iron, in three cases, with very satisfactory results. A case was related in which he continued to administer it for a number of months, with decided benefit. Some eminent physicians have recommended the use of ergot in cerebro-spinal congestions. He thought it was more particularly useful in the aplastic variety of cerebro-spinal disease. It increased the contractility of the vessels of the brain, and thus lessened the congestion. He had not found it so useful in sthenic cases.

Dr. E. F. Ingals said he had recently had occasion to look up the subject of ergot, and came to the conclusion that it does not always have a specific action upon the uterus, in parturient cases.

Vice-President Paoli stated, that forty years ago ergot was known, in the drug stores of Europe, as a remedy for producing abortions, but pregnant women had repeatedly eaten of the bread made of it without experiencing the specific effect. He does not believe much in its specific ac-

tion, and does not think much of it as a hæmostatic. Dr. Pierson had not used it much, and does not have much faith in it. Dr. Stillians has not had much experience with it in labor cases. He used it in a case of retained placenta, and produced hour-glass contraction. Has used it in combination with iron, in uterine hæmorrhage, with good results.

Dr. Thompson thinks it always has a specific action when the drug is good. Dr. Walton is of the same opinion. Dr. Gapin was glad to know so many are losing faith in ergot, and wants to see a more vigorous stand taken against its use in labor. His idea of its action upon non-striated muscular fiber was not in accordance with his idea of natural labor pains. The one was continuous, the other intermittent. The Secretary, Dr. Hutchinson, is a friend of ergot, even if it is abused. From his own observations, he has no doubt that it produces uterine contractions. He had used it, in connection with other remedies, in hæmorrhages and cerebro-spinal troubles, when it seemed to do good. He has no doubt of its abortive powers and is careful in giving it in labor cases, but thinks if properly administered it is a useful remedy, and he should continue to use it. Dr. Etheridge being present, Dr. Earle wished to hear from him upon the action of ergotine. Dr. Etheridge said that ergotine is being extensively used hypodermically, in the treatment of uterine fibroids, and with good results. A number of cases have been reported as cured. Dr. Hildebrandt first called attention to this remedy in the treatment of uterine fibroids. It acts through the vaso-motor nerve centres, shutting off the supply of blood to the tumor. He thinks the action of ergot has been demonstrated by the experiments for the cure of epilepsy. The Dr. referred to quinine as an oxytocic. He related a case in which it seems to have this effect: A lady seven months pregnant was having chills, and he prescribed quinine in four-grain doses, and when he called next day, she had miscarried. There was no sign of it before the medicine was given.

Dr. Earle referred to a paper on Ergotine in Uterine Fibroids, by Dr. Parvin, published in the *American Practitioner*. The hypodermic injections should be made once a day, and were first made in the region of the uterus, but it is found to act as well if made in the arm.

Dr. C. M. Fitch has discontinued the use of ergot in labor cases, but has used it with apparent benefit in hæmoptysis. He has had no cases of postpartum hæmorrhage for a long time, and attributes it to the moderate use of stimulants, and close attention to keeping the extremities of his patients warm.

The President, Dr. Quine, asked a question as to the distribution of nerves to the uterus, and their physiological action? Dr. Thompson said he had observed cases of labor in which the neck of the uterus was flaccid, at the same time there was firm contraction of the body of the organ. The President further inquired if any one had had any experience with ergot in cases of threatened abortions? Dr. Fitch had used it in one case, and the abortion was prevented, and the case went on to full time.

Dr. Montgomery said he was called

to a case of threatened abortion, at the end of the third month, and, on making an examination, found the membranes protruding from the os, and decided that the case was too far gone to arrest their expulsion. As there was considerable hæmorrhage, he gave ergot to hasten the expulsion of the fœtus, but it was not expelled while the patient was under observation—about a week—though a rapid recovery was made. The case was lost sight of, so that he knew not whether or no the fœtus was carried to term. Dr. Hutchinson said it was another example of how patients would sometimes recover, in spite of the Dr. and his medicines. The President had given ergot in one case of threatened abortion, and it did not arrest it. He has no doubt of the specific action of the drug upon the uterus. He thinks ergot as reliable as a parturifacient as any narcotic remedy is in its action. The dose modifies its action, small doses producing natural contractions, large doses continuous. When given in moderate doses it produces increased vascular tension. In large doses, it first increases vascular tension, but, if continued, relaxes it. He had produced dilatation of the os by large doses, but contraction by small doses. After some explanations, the discussion closed, and after miscellaneous business was disposed of, a motion to adjourn prevailed.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, JUNE 22, 1874.

Reported by Ralph E. Starkweather, M.D.

THE Society met at the Grand Pacific Hotel, the President, Dr. John Bartlett, in the chair.

Owing to the absence of Dr. Hyde, Dr. Wood was elected Secretary, *pro tempore*. Dr. H. A. Johnson received unanimous election to the membership of the Society.

Dr. Trimble read a paper on Eucalyptus. The substance of his remarks was, as he said, chiefly collected from various articles written upon the subject within the last year or two, in periodical journals; the Doctor stating that he had no practical knowledge of the effects of this medicine. Eucalyptol, the essential oil, is obtained from some of the numerous species of the eucalyptus trees of Australia, of which there are now one hundred and forty known, the E. Resinifera and E. Globulus being the varieties medicinally useful. An interesting description followed of the growth and the habits, qualities, the medicinal and mechanical properties of these trees. By distillation a water is obtained, bitter and pungent; an essential oil, and a yellow gum, aromatic in taste, shortly becoming bitter and styptic. The ashes of the wood possess the remarkable power of destroying miasmatic influences in fever-stricken dis-

tricts; of absorbing ten times its weight of water from the soil, and of emitting antiseptic camphorous effluvia. A moderate dose of this liquid camphor, eucalyptol, say ten drops, may be given internally, as an antiseptic—may be used in gargles, collyria and dentrifices. It has no effect upon the eye or brain. Strong coffee is an antidote; its physiological action is very similar to that of potassium bromide. Eucalyptus may be used in treatment of dysentery, chronic diarrhœa, in diseases of the genito-urinary tract, and in remittent, intermittent and typhoid fevers. Specimens of the leaves and fluid extract were shown.

Dr. Wood—It seems important to remark that when eucalyptus is used in intermittent fever, if it is to prove useful at all, one dose generally accomplishes the desired effect: the fever does not return.

Dr. P. S. Hayes—The tincture is made stronger in alcohol than the ordinary tinctures; hence, when used with other tinctures, it precipitates; it disguises the taste of quinine.

Dr. P. S. Hayes reported a case of multilocular sero-cystic ovarian tumor. Operation—electro-puncture. Recovering. No abstract of this case is made, as it will be soon published in one of the medical journals.

Dr. Etheridge presented a report of a case of corroding ulcer of the uterus. This is a comparatively rare form of ulcer, and its diagnosis in this case is confirmed by the opinions of Drs. De Laskie Miller, Byford, and T. G. Thomas, of New York.

Patient first came under notice, July, 1871, and was fifty-nine years of age. She passed the turn of life quite suddenly in 1860. During the first twelve years after marriage she suffered from menorrhagia, at times so profusely as to prove nearly fatal. This almost wholly disappeared upon bearing children, of whom she had six. In many years of the period of child-bearing, she had stomatitis materna severely. After having had, at wide intervals, three hæmorrhages, Dr. Etheridge was called to attend the case. No examination being allowed, he ordered a vaginal injection of tanic acid, forty grains to the fluid ounce, to be used as often as necessary. Relief was afforded for four months, but the shock of the great fire in this city renewed the bleeding, but the discharges were not offensive. The only pain was a backache, a hot, burning pain, *not* lancinating. Upon examination, per vaginam, the cervix uteri was found half eaten off, the edges of the ulcer being ragged, projecting unevenly; its surface bled upon the slightest touch. Beneath the side of the os there was an indurated nodular ring around the vagina, through which the speculum always slipped with a sort of snap or jerk; uterus movable; pelvic glands and viscera normal. A solution of the pernitrate of iron temporarily checked the hæmorrhage, and afforded the longest interval of freedom from it. Other styptics were used—carbolic acid, tannin and chromic acid. Injections of the latter produced pain, often vomiting, but checked bleeding. Fifteen grains of the chromic acid in a tea-cup of warm water, seemed to be the minimum strength that was efficacious in this case. There were, at length, three months of freedom from hæmorrhage. Gradually there came on vesical trouble, and a distressing feeling in the stomach, followed by

bleeding. The tissues contiguous to the ulcer now became infiltrated and indurated, probably lessening hæmorrhage; the vagina was well nigh filled with these growths; there was the usual cancerous cachexia. Morphine was used to allay pain during the latter weeks of life. No necropsy was allowed. Remedies for constitutional treatment were used, such as arsenious acid, red clover, iodine and cundurango. Prof. Schiff's treatment of uterine cancer was tried, (pancreatine solution,) with the view of dissolving the cell of the ulcer, with no satisfactory result attributable to the pancreatine.

Very particular attention was called to a point in the history above given, not alluded to in books or lectures: *The nursing sore mouth*, during lactation, *of the mother who, later in life, suffered also from malignant disease.* The cases of two other women were cited who died, after the menopause, from malignant disease, having in former years suffered from nursing sore mouth. *Is there any connection or dependence between these two conditions?* If there be, what course ought the physician to pursue with the view of preventing the development of malignancy in later years of life?

Dr. Wood stated that he knew of a family of three sisters, all of whom have had stomatitis; two of them in later life died of internal cancer; the third is now sick with the same.

Dr. Hay suggested that a table of statistics should be written, with the inquiry made by Dr. Etheridge kept in view; and it would be important, if such a relation between stomatitis materna and forms of malignant disease could be established.

Dr. Etheridge had spoken to many of the older physicians, who had given many instances similar to that of his case. The point is, whether this relationship can be established in all and sufficiently numerous cases.

Dr. Trimble reported a case of epilepsy, in a boy four years of age, probably due to injury received by railroad accident, twenty months previously Of late, the seizures had increased in frequency, severity, and mental disturbance. To eliminate the idea of worms being an exciting cause, appropriate treatment was adopted, and a few expelled. Then potassium bromide was given, four grains three times a day, but there were still as many as twenty convulsive attacks daily. Valerian was then added to the medicament to allay nervous irritability, though assafœtida was afterward substituted. Belladonna was given with the bromide. The cerebral condition soon became such that, despite the usual practice and opinion, I felt obliged to bleed, and placed four large leeches on the temples, drawing at least six fluid ounces of blood. The dose of bromide potassium was increased to eight grains. Iron and bark were given. The patient had no more seizures after the third week from the date of bleeding.

Dr. F. H. Davis, in behalf of Dr. Andrews, presented nine renal calculi, taken from one patient, by Dr. Andrews.

Dr. Walter Hay, in behalf of Dr. De Laskie Miller, exhibited a catheter which he had devised for the purpose of making medicated applications to the urethra and other tracts. It was a simple, silver catheter, with a stylet having a bulbous point, just below which a piece of medicated sponge was folded. In the stylet, near the

handle, a thread was cut, upon which revolved a disk; The stylet could thus be pushed forward out of the sound to the desired distance, or the sound withdrawn upon the stylet, and the medicated sponge lying next the bulbous point, could be applied at the desired spot.

The following, upon motion of Dr. Hay, was made a by-law of the Society:

The privilege of nominating new members to the Society is restricted to the nominating by each member, of one name each year. On motion, the Society adjourned.

MEDICAL COLLEGES.—The following resolutions were adopted by a full meeting of the Esculapian Society, at Marshall, May 27, 1874:

Resolved, That this Society hails with pride and admiration the Medical Educational Institutions of our great State of Illinois.

Resolved, That while we entertain the most catholic views toward medical colleges of sister States, we know of none possessing superior facilities in the West, both in regard to clinical instruction and able medical teachers.

Resolved, That jealousy and rivalry are as reprehensible in medical schools as in individuals, and that we will discountenance and frown down any attempt on the part of one school to supercede a sister school in any other way than by genuine merit. That we believe that the growing interests of the State require and will sustain two medical schools in Chicago, and that we can conscientiously commend the Rush Medical College and the Chicago Medical College to such as desire a thorough medical education.

EXTERNAL TREATMENT OF VARICOSE VEINS.—Dr. Linon says, in the *Tribune Medicale*, that he has for years treated such cases with success by swathing the leg in a flannel compress wet with a solution of chloride of iron in water, forty-five grains to the ounce, and then applying a roller flannel bandage over it firmly for twenty-four hours. This is to be repeated daily for a week or two weeks, when the patient is, or ought to be, well.—*Med. Press and Circular.*

Gleanings from Our Exchanges.

NERVOUS SORE THROAT.

ABSTRACT OF AN ARTICLE BY DR. KLEMM, IN THE "DEUTSCH KLINIK."

From the Chicago Journal of Nervous and Mental Disease, April 1874.

A VERY large number of sufferers from so-called sore throat, complain of a constant painful sensation without showing any other than the most trifling morbid alterations in the region affected. Such patients, who cannot on other considerations be accounted as nervous cases, often occupy, more than any others, the time of the physician, and frequently have to be accounted as absolutely incurable.

"In such cases, even the closest examination affords no satisfactory explanation why the abnormal sensation should appear in the perfectly normal mucous membrane. The search for an anatomical cause has,

in this matter, afforded us no satisfactory explanation; on the contrary, it frequently occurs that altogether unimportant and secondary alterations are mistaken for the *corpus delicti*, and, in consequence, a false system of treatment is decided upon, and the stronger caustic agents are, especially, misemployed. Quite often, very trifling alterations of the mucous membrane of the throat are taken to be the source of the numerous and often very different sensations experienced in the throat and larynx (in drinking, speaking, or in rest, etc.): such as the well-known small, isolated, hypertrophic, warts or band-like excrescences, or even the almost constant thickening of the lining membrane with increased secretion of mucus in old persons, which, if it occurs together with any nervous complaint, is usually believed to be the cause: so that the whole is considered as a chronic throat catarrh. In very many cases these alterations are present without producing any uncomfortable symptoms of pricking, pressure, constriction, choking, etc., and they are very often wanting when these troubles are present in a very pronounced and rebellious form.

"In many such cases of sore throat we find, to be sure, some swelling of the mucous membrane, the submucous cellular tissue, and the glands, especially in the throat; and in these cases the pain is relieved by caustic applications. But the author excepts these cases of true chronic pharyngitis, and confines himself more exclusively to those in which the pharyngitis is either extremely slight or altogether lacking. In like manner, many cases of pulmonary disease, with normal mucous membrane, would be erroneously diagnosed as chronic pharyngitis, and treated with caustics, without profit, if we take into account only the pain in the throat and the feeling of pressure, etc.

"The results of treatment show, moreover, that the caustics have either a very slight effect, or none at all; and that only one thing proves beneficial, that is, change of air, and the milk-cure, with the employment of some mineral waters, which are here often of great service.

"The essential symptom of these various forms of hyperæsthesia of the pharynx is the difficulty experienced in swallowing, or in speech. Swallowing is always accompanied with an abnormal sensation; the patient complains of pressure, pricking, or sensation of constriction, or the feeling of some foreign body, sometimes as if a hair was lodged in the throat. The painful sensation either is felt on both sides, or it may be confined to a single point, accurately designated by the sufferer. Sometimes it is constantly present; but it is generally periodically milder, often lacking entirely, and then again severe. In the evening it is always more severe than in the forenoon, and, in many cases, returns daily, in the afternoon. Emotions of all kinds have a bad influence, especially upon those who have lost relatives from consumption, or who are particularly fearful and nervous. Many of the patients complain of a dryness of the throat, without any such appearance of the mucous membrane, an especially troublesome and constant symptom; or they affirm in the most confident manner, that there must be a foreign body lodged there, causing them to attempt to swallow, or hawk, and cough, while really no collection of thick mucus, as in actual pharyngitis, is really present. Speech is affected in sympathy; it is not hoarse, but almost inaudible, and the patients complain that it soon fatigues them and causes pain. Finally, we have the *globus hystericus*, but this is met with much more rarely than the other symptoms. Sometimes again the painful sensation extends to the ear, and hearing is affected.

"The individuals who are especially liable to this nervous affection are by no means always of a nervous or hypochondriacal disposition; it attacks frequently the female sex, and not merely hysterical or irritable women, and those in the higher walks of life, but among others, strong and healthy women, and particularly those of the

lower classes, who have nothing but their throats to complain of. This hyperæsthesia is rather common among men; and, according to the author's observation, it affects the cultured more than the working class, and is not at all rare among those who are in the custom of public speaking or singing, or who have often suffered from catarrh. In both sexes he found the fear of consumption, which had caused the death of a cousin, or a brother, etc., to be an indubitable cause of the affection; and frequently a recent loss of this kind throws the patient into great agitation and establishes the disease.

"Very often the psychic origin may be detected when there also exists an ordinary nasal or bronchial catarrh, without any participation of the membranes of the throat; and in this case, also, fear is the principal cause of the disease. A third cause is yet to be mentioned, the persistent excitability often remaining after an acute pharyngitis or laryngitis, similar to the lasting irritability of the tonsils, without hypertrophy, after an acute amygdalitis. This is the case not only after acute but also after subacute inflammations of these parts, which are readily re-incited, and which leave the throat for a considerable period in quite an irritable condition. Finally, we may enumerate among its exciting causes, external irritation from wind, dust, indulgence in stimulants (even coffee), which very easily produce hyperæsthesia in sensitive subjects, without any corresponding alteration in the mucous membrane. It is sometimes very difficult to decide, in cases where there are slight alterations, whether the actual very insignificant and habitual abnormal appearances are really the cause of the trouble or not; and only by prolonged observation can a correct opinion be given. Whether the affection is ever hereditary, is doubtful; but the patients will sometimes so assert.

"The participation of the vocal organs is specially noticeable in this form of hyperæsthesia; the voice is either inaudible or harsh, although nothing abnormal can be detected in the larynx; the patients unintentionally aggravate the symptoms, either because fear and imagination co-operate with the disease, or because the activity of the motor fibres is diminished. The inconstancy of the phenomena, the rapid onset of the disease after emotional disturbances, and its quick departure, prove that its cause is not a catarrhal trouble, but a purely nervous affection. Another peculiarity is in the fact that such invalids feel free from their difficulty in the open air, while they suffer in-doors; and correspondingly, we find this purely nervous hyperæsthesia much more rarely among dwellers in the country than among townspeople, although they are often enough the subjects of chronic pharyngitis, and are made worse by raw air or draughts.

"The cure of this affection is one of the most difficult tasks of the physician; the patients often engage his attention for years without obtaining relief; and even if a cure seems to be obtained, they again readily relapse. Here, also, appears the difference between the nervous and the catarrhal form: the latter is altogether more yielding to local remedies, while in the other case they very often are of no use, or are merely of transient effect, and their employment seems to be very little indicated, as they only afford a momentary alleviation. Frequently they are even injurious, since by their use the hyperæsthesia is increased.

"The inexperienced physician is readily inclined to consider the disease altogether imaginary; but this is not the fact; it really exists, and is much more important than many others with visible alterations for a cause, and which are suitable for treatment with nitrate of silver in substance.

"The treatment is based on very slight foundations. If material alterations of the mucous membrane present themselves, it is always justifiable to apply local applications; and

if it is desired to remove red fleshy excrescences, the caustics in substance are preferable to weak solutions. But if these are lacking, the action of weak solutions (0.3 to 15 or 30 water), is indicated; or we may pencil the parts with chloroform and glycerine, which is sometimes of service. If there is no chronic catarrh, we may try electricity, which sometimes causes a rapid improvement in rebellious cases; but it is needful that one electrode, armed with a sponge, be placed directly upon the mucous surface, while the other is applied at different points of the external surface. If nitrate of silver is used, after other treatment has failed, strong solutions should at all events be avoided, and the weak solution should be applied over the whole surface of the pharynx, and especially over that portion below and behind the tongue. Dr. Klemm has used, instead of glycerine, a solution of morphia with mucilage, and has found that this means has a better effect than the astringents.

"The most effectual treatment in this, as in other disorders of nervous activity, is, according to the author, a change of air; and mountain air is, by all means, the most beneficial; after it comes the sea air. Among mountain localities, those must be chosen which are moderately high and well protected; and those elevated situations which are recommended for lung complaints are unsuitable, as the raw, dry atmosphere only aggravates the evil. If it is not possible for the patient to visit the mountains or the sea-shore he should be sent into the country, and treated by the milk-cure and mineral waters. The atmospheric change is still the principal point, and the good results attainable by residence at watering and bathing places are doubtless due not to the high-priced mineral waters, but to the favorable situation and climate. The fact that in the various localities the most different agents are employed with equal results, shows plainly that the cure does not depend upon these, but on the effect of the atmosphere on the nerves and mucous membranes."

SCHELL ON OPERATION ON FISTULA IN ANO WITH THE ELASTIC LIGATURE.—Dr. H. S. Schell describes, in the *Philadelphia Medical Times* for February 28, a case in which he operated on fistula in ano by the elastic ligature. The patient was a man, Michael D., aged thirty-six. The fistula, which had existed for several years, was small, opening in the skin about half an inch, from the verge of the anus, and within the bowel somewhat over an inch from its termination, embracing but little more than the external sphincter ani. The ligature was drawn through the fistula by means of an ordinary eyed probe, brought down outside the rectum, and tied pretty tightly.

An opium suppository was prescribed, to be used in case any pain followed the constriction of the parts. The patient, however, stated that he had no pain at all, and went about the ward as long as he remained in it, assisting the nurse in the care of the other patients. The ligature came away at stool on the fourth day, leaving a granulated wound, to which no further attention was paid, except as to cleanliness, and which healed in the usual manner.

Dr. Schell remarks that the advantages to be derived from the employment of the elastic ligature in this operation appear to be the following: 1. There is no pain. 2. Hæmorrhage is entirely avoided. 3. There is no need of confinement to bed. 4. The bowels may be left to their ordinary regular habits.

The best ligature is composed of three strands of caoutchouc, somewhat compressed within a plaited envelope of white silk into a round cord, and has the strength of an ordinary ligature. The quality of the ligature should be tested before use, as it grows brittle with age.

FOREIGN GLEANINGS.

COLLATED BY F. J. HUSE, M.D.

INTRAVENOUS INJECTION OF CHLORAL.—An account has recently been published in the *Journal de Therapeutique*, of a well-marked case of tetanus, in which recovery followed the injection of hydrate of chloral in three doses of fifty grains, at intervals of twenty-four hours. The paralysis of sensibility and mobility, said to have closely resembled surgical shock, was complete, and there was no appearance of phlebitis. Great care, however, is required, if the solution is of sufficient strength to be of any service, to avoid injecting any of it into the surrounding cellular tissue, as it is liable to produce a most painful abscess.

It is especially urged that chloral is incapable of paralyzing the reflex action of the cord except when administered by direct intravenous injection. This method has also been chosen by M. Ore, who claims to have solved the problem of anæsthesia by thus maintaining insensibility for any necessary length of time, and afterwards being able to restore consciousness very speedily by the application of electricity. The injection of five and a half drams of a solution of chloral in three times its weight of water kept a patient in a calm sleep during an operation for necrosis of the astragalus, occupying nearly half an hour.

The further investigation of the phenomena which follow this method of administration has been chosen as the subject of his present course of lectures by M. Vulpian, the professor of experimental pathology, who takes the chair left vacant by the departure of Brown-Sequard from Paris.

ENGLISCH ON CYSTS OF THE POSTERIOR WALL OF THE BLADDER IN MAN.—In the *Anzeiger der k.k. Gesellschaft der Aertze in Wien*, January, 1874, Dr. Englisch has a communication on these tumors. If a sufficient number of preparations be examined, there are not unfrequently found, in the space between the two vasa deferentia, and less often on the vesiculæ seminales, cysts of various sizes. He describes them as consisting of four different kinds.

The first class of cysts corresponds with the mesial line, and lies in the muscolo-fibrous membrane, which binds together the vasa deferentia.

The second kind lies more to the side, near the vas deferens, and is connected with it by means of a process of connective tissue.

The third form lies partially in the prostate, and corresponds with an enlarged sinus pocularis, if its orifice be closed.

A fourth form is connected with the vesicula seminalis, and has no attachment to the vas deferens.

These cysts do not only exist in adults, but are also met with in children, and it has been clearly shown that the first three kinds exist in newly-born infants, and become developed later on.

It is probable that the cyst lying in the middle line corresponds with the range of the Mullerian canals, and that those of the second form proceed from the development of the orifice of the vas deferens, or represent the remains of the cul-de-sac of the Wolffian body.

The third form is developed when the cul-de-sac of the sinus pocularis, which commences at the colliculus, extends far backwards, and becomes distended.

The fourth species is found in connection with the results of inflammation of the vesiculæ seminales, so that the closure of a sinus is pecu-

liarly a result of an inflammatory process.

So long as the cysts are small, they cause no particular annoyance, although they may, as in instances proved, distend the recto-vesical pouch and cause retention of urine.

DOUTRELEPONT ON A RARE FORM OF SCIRRHUS OF THE MALE BREAST. Professor Doutrelepont, (*Berliner Medicinische Wochenschrift*, March 14,) relates a case of a rare form of scirrhus of the male breast (squirrhe pustuleux ou dissemine of Velpeau). Carcinoma of the male breast is very uncommon, and this particular form is still more so. The patient was fifty years old, weak and sickly looking. In 1870 he first noticed a hard swelling in his left nipple, which, however, did not cause much pain. It was treated with iodine ointment. In 1872 he first felt pain from the pressure of his braces, and from that time there was a general enlargment of the swelling. In February, 1873, it ulcerated and spread. This was treated with nitrate of silver. In May, when he first came under observation, the mass had become attached to the ribs. The ulcerated surface was somewhat circular, and had a diameter of about $2\frac{3}{4}$ inches. The base was very much excavated, cicatrized at one little spot and very hard. There were several hard knots in the skin, and at the edge of the axilla was a movable mass, as large as a pigeon's egg. At the edge of the sternum and close to the xiphoid process, there were two knots attached to the cartilages, and a good many of the axillary glands were enlarged and hard; between this time and July a dozen new tumors had appeared. The ulcer was treated, after Burow's method, with powdered chlorate of potash.

Two contiguous tumors were removed, and a microscopical examination showed scirrhus. In the proximity of these tumors there was a cell-infiltration through the entire skin in the form of canals, which ran obliquely to the surface, in different places, irregularly dilated, ramifying, and, on closer examination, leaving no doubt that they were in connection with the lymphatics of the skin. Where this cell-infiltration involved the epithelium of the glands of the skin or of the epidermis, great poliferation was manifested. It is probable that the scirrhus in this case spread through the lymphatics of the skin.

DR. LIVINGSTONE ON ALCOHOL.—Dr. Livingstone wrote as follows about sixteen or seventeen years ago: "I have acted on the principle of total abstinence from all alcoholic liquors during more than twenty years. My individual opinion is that the most severe labors or privations may be undergone without alcoholic stimulants." We are informed that the illustrious traveler held to his opinion and practice to the last.—*Medical Press and Circular.*

FELTZ AND RITTER ON AMMONIÆMIA.—The authors record, in the *Comptes Rendus*, experiments from which they deduce that urine in affections of the genito-urinary apparatus is very rarely ammoniacal. In the immense majority of cases of alkalescence, the default is supposed to be in the want of cleanliness of the vessels employed, these containing albuminoid substances more or less changed.

THE GERMAN UNIVERSITIES.—Professor von Recklinghausen, now of Strasburg, has been invited to the chair of Pathological Anatomy in Vienna, in the place of Professor Rokitansky. Dr. Koster, of Giessen, has been chosen Professor of Pathological Anatomy in Bonn, in the room of Professor Rindfleisch, who goes to Wurzburg.

TRICHINOSIS.—In Gossengrun, a small town in Bohemia, sixty persons have been afflicted with trichinosis from eating diseased pork, and six have already died. There have also been recently some cases in the hospital at Pesth.

Book Reviews.

From Hadley Bros., 136 State St., Chicago.

A PRACTICAL TREATISE ON THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS. Designed as a manual for students and practitioners, with engravings and cases. By W. H. Van Buren, A.M., M.D., Professor of the Principles of Surgery, with Diseases of the Genito-Urinary System and Clinical Surgery, in Bellevue Hospital Medical College, etc., and E. L. Keyes, A.M., M.D., Professor of Dermatology, in Bellevue Hospital Medical College, etc.; pp. 672. New York: D. Appleton & Co., 1874.

Dr. Wood, of Philadelphia, in reviewing Foye's work on the Vapor-bath Treatment of Syphilis, declares that "it looks like the latest volume of poetry, prepared for my lady's boudoir: yet the text is redolent of the charnel-house of vice." But all the world knows that men view different objects from different points of vision. We, for example, prefer to look with Sir Thomas Browne upon "vices and vicious objects with hyperbolical eyes, and rather enlarge their dimensions, that their unseen deformities may not escape sense, and their poisonous parts and stings may appear massy and monstrous; for it is the undiscerned particles and atoms of matter that deceive us. The greatest balsams do lie enveloped in the bodies of the most powerful corrosives, and poisons contain within themselves their own antidote." Bumstead remarks, with equal philosophy, that "it is fortunate, both for the physician and patient, that he whose duty it is to treat the sad consequences of vice, can yet find interest and pleasure in his occupation."

We have premised these observations in a brief notice of the volume before us, because its careful perusal has given us genuine satisfaction. It is a most complete digest of what has long been known, and of what has been more recently discovered in the field of syphilitic and genito-urinary disorders. And the subjects are presented in the most conscientious manner, in unexceptionable style, and with reference to instructive and illustrative cases. It not only embodies the joint experience of its authors, but it contains ample evidence of a critical and thorough research of standard authorities. It is also eminently practical; and while, of course, it is impossible to compress in such a compass, as full a discussion of special subjects as one expects in a monograph, yet enough is said on every point to render the work replete with information, invaluable alike to the student and practitioner. It is, perhaps, not an exaggeration, to say that no single work, upon the same subject, has yet appeared, in this or any foreign language, which is superior to it. And yet, that is no more than we have a right to expect, seeing that it is the latest.

The recent correspondence between Drs. VanBuren and Gouley, on the question of priority in the use of tunneled instruments, has been, doubtless, observed by many whose opinions were undetermined regarding the merits of the controversy. Such, certainly, cannot fail to have a heightened regard for the first-named of the two gentlemen, after reading the very

modest note which the author appends to page 127. It is neither aggressive nor violent. It represents the circumstances under which the instruments in question were first devised and employed, in that straight-forward manner, which he who is conscious of his rights might be expected to assume. It reflects in nowise upon the other claimant for the honor, but Dr. Gouley is duly accredited with the improvements made by him, and his instruments are recommended, and called by his name. There can be no question, hereafter, in the profession regarding, at least, the temper of one party to the controversy.

There is a curious defect in both parts of the work, which, since no allusion is made to it by either author, we are entirely at a loss to explain. The subject of syphilis and genito-urinary diseases in women, is almost completely ignored. It may be urged that gynecologists have completely and ably elucidated this branch of the study; but how, we inquire, can one write exhaustively upon gonorrhœa, for example, without devoting a chapter to the disease and its treatment in female patients? Or, how can an author describe syphilitic chancre, and not record the observations of Fournier, Le Blond, Devasse, and others upon the chancres of the ostincæ, mucous patches of the vulva, and the diagnostic differences between simple and specific ulcerations of the cervix?

The forms of syphilitic chancre here described, are the erosive, the ulcerative, the deeply-ulcerative (Hunterian), and the papular; while the table which summarizes the broad, classical characteristics of venereal sores, herpes and balanitic abrasions, (occupying no less than three pages), is the most complete and satisfactory that has yet been compiled.

It is incredible that men of any pretension to accuracy of observation and learning, should hereafter err in the direction which has produced such disastrous results in practice. The primary lesion of syphilis has not the determined character of the primary lesion of vaccinia, or of the disease caused by the malignant pustule. It is not of fixed and definite form. It presents no distinct agreement with any type. The polymorphism of syphilides assuredly belongs to the lesion which precedes the syphilides. In this respect, certainly, they exhibit a striking similarity.

The great and important question for the surgeon, when confronted with a suspicious sore, is *not*, "Have I here an ulcer which corresponds, in its objective features, to this or that recognized type of disease?" Far from it. The questions should be: "Can the syphilitic virus, which is deeply stamped with the triple impress of incubation, non-auto inoculability, and subsequent production of induration, alone and of itself produce this lesion? Has it been implanted upon this previously existing rent, papule, pustule, balanitic abrasion or herpetic vesicle, and, in consequence thereof, modified the evolution of other morbid processes? Has it, though already grafted upon these multiform lesions, not yet produced its own fixed results, which shall yet declare themselves, after a given interval?" Or, to take a different case, "Has this individual, who presents himself to me one week after a suspicious coitus, with no obvious disorder of the mucous surface of his genitals,

been yet infected with that virus which may produce a chancre next week, or the week after, and am I justified in promising him, at this time, immunity from disease?"

These are questions of tremendous importance—questions which should be distinctly before the mind of every one who ventures to treat venereal disease. We could wish that the suggestions which they contain were set forth as forcibly in the volume before us as their gravity warrants. The facts are here, but the inferences are left to the judgment and acumen of the reader. If due weight were invariably given to such distinctions, the mentally-tortured practitioner would be in receipt of no such letters as that read by M. P. Diday, in 1872, before the Lyons Medical Society, which has now become historical.

In illustration of one of the points to which reference has been made, Dubuc's cases may be cited, recently published in the *Annales de Dermatologie et de Syphiligraphie*. The lesions, which this author has observed, he terms multiple herpetiform syphilitic chancres, and he describes them as being primarily mere desquamative erosions, varying in number from seven to fourteen, which subsequently become either ulcerative or prominent, so as to resemble muco-papules. They differ from the herpetic lesions in depth of color, tendency to hæmorrhage, and their inaptitude to assume the phases of cicatrization. The epiphenomena of chancres are grafted upon these symptoms.

Whether these be instances of localized disorders, occurring in what Hardy terms the "dartrous diathesis," which become subsequently infected with the syphilitic virus, or whether they constitute a distinct resultant of inoculation, the lesson they teach is an important one. It cannot be too forcibly enunciated, that the circulation of effete products in the blood may produce, in the gouty or rheumatic adult, an eruption of erythema papulatum; in the delicate skin of the infant, strophulus; urticaria, in the nerve paresis of the hysterical woman; squamæ and rhagadæ in the dense epithelium of the palm and sole. So precisely the virus of syphilis upon an exposed and shelterless glans penis; upon the sensitive and habitually closed cul-de-sac of a prepuce; upon the lax lining membrane of the vagina; the horny epithelium of the face; the denser tissue of the os and cervix; upon the broken and the unbroken surface; upon the inflamed and non-inflamed membrane; may, in each and every instance, exhibit different results, which have yet a generic likeness.

The use of the word "lymphitis," in the Treatise of our authors, offends the ear of the etymologist. They acknowledge its critical inaccuracy, but attempt to justify the use of the term on the ground of its general employment, and the fact that it is shorter than "lymphangitis," a substantive which defines itself. We beg leave to demur to the former argument, and to express the opinion that the latter is unworthy of consideration. We prefer the three additional letters, and an inviolate rule of nomenclature and etymology.

On the subject of mercurial inunction, to which additional interest has been lent, since the recent papers of Mr. Jonathan Hutchinson and others, the latest, and, in our opinion the

most preferable method, is recommended, that, viz., by the use of the oleates of murcury. The ointment is properly designated, as "more dirty and less efficacious, though it is less expensive." Patients themselves testify on this point, not only in their improved condition, but in the expression of their feelings as to its cleanliness.

We close with an emphatic re-statement of our belief, that for the shelf of the general practitioner, this is the best work on the subject which has yet appeared. It is provided with an exceedingly tasteful form and dress by Messrs. Appleton & Co., and the one hundred and thirty-four cuts are well executed. It is a book in which the profession of America may well take pride, and we congratulate the authors upon their contribution to the general literature of medicine.

J. N. H.

From Jansen, McClurg & Co.

HISTORY OF THE AMERICAN AMBULANCE, Established in Paris during the Siege of 1870–'71, together with the Details of its Methods and its Work. By Thomas W. Evans, M.D., D.D.S., Ph.D., President of the American International Sanitary Committee, Commander of the Legion of Honor, &c., &c. London: Sampson Low, Marston Low and Searle, 1873. pp. 694.

One proceeds to review a work, whose author is a Commander of the Legion of Honor, with something very like trepidation. The eminence of the writer's station forces upon the critic the necessity of looking upward, in order to comprehend the details of his work.

The book is, indeed, a great book. Its six hundred and ninety-four pages are perfectly printed in clear type, with wide margins; its title page is elaborately embellished with colored lettering; its ten plates and sixty-one wood-cuts admirably illustrate the skill of the engraver; in short, its perfection in every detail is such that the bibliophile might well regard it with a look of envy.

The subject-matter, however, presenting as it does much that is really instructive and valuable, might be profitably condensed into a book of much smaller dimensions. The stateliness of the text is generally in complete accordance with the impressiveness of the typography. There is rather a ludicrous contrast presented, however, between the passages which give in full the semi-diplomatic correspondence between the Queen of Prussia, the ex-Empress of France, and the President of the Commission, and the paragraphs in which we are informed that "soap and water, or molasses and water were generally employed for injections." Of the style of the work, it may be said, that while it is at times unexceptionable, there are numerous evidences of faults, which are common to those who transfer, instead of translate, words or ideas. For example, when we read (p. 564) of "the propriety of the cabinets," we know that the author means the cleanliness of the closets; but, as a matter of fact, he does not say it, either in the English or French language. Similar misuses of other words occur, as "installation" for "construction;" "degradation" for "soiling;" and such unnecessary gallicisms abound as, *connaissance de cause*, *cabinets d'aisance*, *en permanence*, &c.

The Surgical History of the Ambulance, is from the pen of Dr. John Swinburne, who takes occasion therein to charge an honored and esteemed veteran of our profession, Dr. Gurdon Buck, of New York, with "a very del-

icate kind of professional plagiarism." We venture to say that it will be long indeed, before the name of the latter is dissociated from the method of making extension in fractures, which he first employed in the New York City Hospital, and the name of the Surgeon-in-Chief of the American Ambulance substituted for it. Two hundred and forty-seven cases are reported in the Surgical History, and twenty-four in the Medical History, which is compiled by Dr. Wm. E. Johnston,—in all, two hundred and seventy-one patients were cared for by the organization.

The author solicits a generous criticism, in behalf of himself and his associates, while he admits that errors may be found in his book. Will he kindly forgive us if we say we can scarcely repress a smile, as there passes before us the procession which he conjures into view? Foremost of the line comes the Doctor of Medicine, Dental Surgery and Philosophy, officer and member of various orders, wearing upon his breast the grand cross of the order of St. Stanislas of Russia. Next come the Surgeon- and Physician-in-Chief, surrounded by their fifty-nine assistants, including the Marchioness of Bethisy. The two hundred and forty-seven surgical patients follow these, each carrying a photograph and wood-cut of his integumentary wound. To these succeed, at a distance, the awkward squad of twenty-four medical cases. Last of all approaches The Great Book, on stilts. We can almost see the inextricable confusion of the stars and stripes, and the red-cross flag. Hark! that is the "tintin" (English: rub-a-dub,) of the French drum!

And yet the author is not happy! This is, after all, only the first volume of a series which shall give the general history of Sanitary Associations, during the Franco-German war of 1870–'71!

"Tintin, tintin, r'lin, tintin."

How the gay procession clogs, for a brief hour, the dusty thoroughfares where we drive our homely gigs!

F. H. D.

MORTALITY table for Chicago from May 16 to May 30, 1874: Abscess of Liver 2, Apoplexy 5, Asphyxia 2, Asthma 1, Obstruction of Bowels 2, Disease of Brain 2, Compression of Brain 1, Congestion of Brain 1, Inflammation of Brain 8, Softening of Brain 3, Bronchitis 4, Cancer of Bladder 1, Cancer of Breast 1, Cancer of Pelvis 1, Cancer of Stomach 2, Cholera Infantum 3, Cholera Morbus 1, Consumption 34, Convulsions 41, Croup 5, Cyanosis 1, Cynanche Trachealis 1, Debility 4, Diarrhœa 2, Diphtheria 2, Dropsy 3, Dropsy of Chest, 1, Dropsy of Abdomen 2, Dysentery 2, Embolism 1, Enteritis 17, Epilepsy 30, Erysipelas 6, Puerperal Fever 3, Remittent Fever 1, Scarlet Fever 2, Typhoid Fever 4, Gastritis 6, Gastro Enteritis 2, Disease of Heart 9, Fatty Degeneration of Heart 1, Hernia 2, Hydrocephalus 9, Inanition 7, Intemperance 1, Bright's Disease of Kidneys 6, Disease of Liver 1, Congestion of Lungs 8, Hemorrhage of Lungs 1, Disease of Lungs 2, Malformation 1, Measles 1, Meningitis 8, Cerebro-spinal Meningitis 2, Tubercular Meningitis 1, Myelitis 1, Metritis 1, (Edema Pulmonum 1, Old Age 5, Paralysis 3, Peritonitis 4, Pleurisy 2, Pneumonia 13, Typhoid Pneumonia 1, Pericarditis 5, Pyemia 2, Septicemia 1, Small-pox 10, Disease of Spine 1, Ulceration of Stomach 1, Tabes Mesenterica 10, Teething 2, Whooping Cough 6, Accidents 13, Suicide 5. Total, 336.

THE

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A

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Original Communications.

ON THE CONTAGIOUS DISEASE OF THE SILK-WORM, AND ITS ANALOGY TO SYPHILIS IN MAN.

IN the year 1865, Pasteur was instructed by the French Minister of Agriculture, to specially investigate and report upon the diseases incident to silk-worms. During the interval between the years 1853 and 1865, these disorders had reduced the annual production of cocoons in France, from sixty-five to ten millions of pounds. In the admirable work which resulted from his laborious researches,* the author remarks: "Certain disorders of the human race are accompanied by spots upon the skin, which originate in consequence of various alterations of the intestinal canal. This is not the sole observation applicable to human pathology which the experiments detailed in this work will suggest to the intelligent reader."

Diseases of the higher and lower orders of the animal kingdom are undoubtedly subject to similar conditions, in their genesis, resolution or fatal issue. It is more logical, as well as more consonant with scientific method, to observe the uniformity of a pathological law in the caries of an elephant's dentine, and the gangrene of a spider's foot, than to seek with Huxley for a community of protoplasm between the finner whale and the fungus upon a fly. The ciliae of the vorticella and of the human bronchi are not identical in structure, but they move in obedience to a similar impulse.

* Etude sur la Maladie des Vers A Soie, moyen pratique assure de la combattre et d'en prevenir le retour, par M. L. Pasteur, Membre de l'Institut Imperial de France, et de la Societe Royale de Londres. Paris: 1870. This work is the source from which have been obtained all the facts relative to the contagious disease of the silk-worm, to which reference is made in this paper.

A medical friend once remarked to the writer of these pages, that the periodical visitations and ravages of insects, presented a striking analogy to the recurrence and devastation of epidemic diseases. It is well worth the investigation to enquire if they be not alike dependent upon similar hygrometric and thermometric conditions of the soil and atmosphere.

It is proposed here to point out the analogies which exist between the pebrine of the silk-worm and syphilis in man, not because these analogies might be so interpreted as to indicate that the two disorders have, in common, a parasitic origin. It is because the knowledge we at present possess relative to contagion, is so scanty, that it may be said every new observation of its phenomena, stimulates the belief that that which is unknown and yet knowable, is largely in excess of that which is known regarding it.

Bumstead, referring to this subject in a recent paper,* says:

"The fact is, that a new field for investigation and experiment has been opened, which no one has as yet fully explored, and no one can pretend to understand. The exploration of this field promises to throw light, not only upon syphilis, but upon other contagious diseases, and even to add to our knowledge of the nature of specific poisons in general; but the work is yet undone, and any conclusions at this time are only premature."

It is preferable to select syphilis for the study of the analogies referred to above, first, because it is a disease produced by a tangible virus; and, second, because of the multiformity of its results. It is possible to secure upon the point of the lancet a drop of matter, which we can prove to be capable of producing all the complications of the disease. This is also true of pebrine. While we have, however, an equal opportunity of isolating the *materies morbi* in vaccinia, variola, malignant pustule, and certain other maladies, the polymorphism of the results produced, is not equally marked as a basis for comparison.

It is, perhaps, proper to admit, at the outset, that the investigations of Professors Stricker and Kobner, have completely exploded the theories of Lostorfer, Salisbury, and others, as to the existence and causality of *crypta syphilitica*. We have no additional information which would warrant us in reviving such dead issues. That is not the purpose of this paper. It is here intended merely to exhibit a general agreement between the origin and evolution of two contagious diseases, existing in two widely-separated orders of animals, in order that the classical feature of contagion in an extended area may be better appreciated.

The silk-worm, as is well known, is the larve of the Bombyx Mori, which deposits an ovum, from which, in turn, the caterpillar is produced. The latter, after undergoing four (in some races, three) distinct changes of integument, becomes a pupa, or chrysalis, and surrounds itself with the silk cocoon. From this, lastly, the perfect moth—imago of naturalists—effects its escape. When it is considered that, in a period of between thirty and thirty-five days, the caterpillar increases in size till it becomes eight or ten thousand times larger than the

* Am. Jour. of the Medical Sciences, April, 1873.

newly-escaped larvæ, it will be seen that organic life is displayed with unequalled activity in its development. Diseases, therefore, cannot but progress, *pari passu*, with an intensity proportioned to the energy of the vital forces.

In the human economy, of what paramount importance to its conservation, are the critical phases of the first and second dentition, the arrival of puberty, and the change of the menopause! In the silk worm, no less than seven equally important crises occur, during a comparatively short interval—the cycle of a brief existence, whose momentous stages offer unusual facilities for the encroachment of disease.

It is to be remarked, if we begin with the earliest phases of the two disorders, that:

1. *Pebrine and Syphilis are alike producible by artificial inoculation.* Pasteur produced a liquid capable of inoculation, by bruising a diseased worm and mixing the mass with a small quantity of water. A number of worms were selected, carefully examined in order to ensure their soundness, and thoroughly cleansed by washing, so that no germs might remain in contact with the skin. He then made a small puncture in one of the posterior rings of the body of each, and inoculated the wound by inserting into it a needle dipped in the infecting liquid. The wounds readily cicatrized, and nothing but a black or dark colored spot was soon visible in the site of the puncture. Of twenty worms inoculated in this manner, on one occasion, seven became diseased to such an extent as to exhibit from fifty to two hundred of the corpuscles characteristic of pebrine, in one microscopic field. The experimenter explains why no larger proportion of successful inoculations was made: "The blood which escapes from the wound does not invariably permit of penetration by the corpuscles which are intended to produce infection." Audoin is said to have observed the same fact in his inoculations. Many an inexperienced physician has failed of successful vaccination for a similar reason.

It should be stated, however, that most frequently pebrine is produced by the ingestion of corpuscular germs, when the worm is feeding upon the mulberry leaf. The corpuscles are then found distributed over the surface of the leaf in debris; and a single repast is said to be sufficient to occasion the disease. It is worthy of note that an intestinal lesion is then produced.

It cannot be doubted that chancres would in like manner result, if, by any natural process, the secretion from similar sores could be applied to the mucous surface of the intestines. But it may well be doubted if this species of infection of the primæ viæ, ever occurs in the human subject. A vacciniculturist of this city, however, once informed the writer that he was in receipt of numerous orders from practitioners of the homœopathic delusion, who desired to secure an infinitessimal quantity of vaccine virus, rubbed up with sugar of milk for internal administration!

2. *Pebrine and syphilis are alike communicable by accidental inoculation.* Pasteur discovered numerous cicatrices in healthy worms, which resulted from wounds. These wounds were inflicted by hooklets attached to the anterior organs of locomotion, in

those caterpillars with which they had come into frequent contact. These were never seen in isolated individuals. He remarks that, not infrequently, these sharp hooklets, by which the caterpillar is enabled to cling to the leaf upon which it feeds, are inserted into the fæces or integument of diseased worms, and subsequently into the bodies of those that are sound, thus serving to propagate the disease by accidental inoculation. It is evident that there is here, also, the possibility of the production of *mediate* contamination, the porte-virus (if it be allowable to coin a suggestive word,) being exempt from infection.

3. *Pebrine and syphilis alike require a period of incubation, before the phenomena of general disease appear.* Pasteur discovered that after accidental or artificial inoculation, and also after the ingestion of disease germs, a period of from ten to twelve days elapsed before external manifestations of pebrine appeared. By feeding a number of larves, with the solution which has been already referred to, and by killing and carefully examining a fixed number of bodies at consecutive dates, he was enabled to follow the evolution of the disease, and to trace its natural history. In every instance the period of incubation was noted. This is such a constant concomitant of contagious diseases, that it may well be considered essential to their full development.*

4. *The first general indications of constitutional disease in pebrine and syphilis appear as integumentary lesions.* In the course of the experiments conducted by Pasteur, whenever a number of larves were selected for inoculation or infection, a similar number, of the same age and habitat were set aside in a healthy condition, in order to serve the purposes of comparison. At the expiration of the period of incubation referred to above, a very sensible inequality was noticeable in these two classes. Those which were left uninfected, displayed unmistakable evidence of greater well-being; while the diseased worms, when examined by the aid of a lens, exhibited numerous excessively small spots or maculæ, hitherto unnoticeable, about the head and rings. These lesions did not at first indicate the presence of the characteristic corpuscles in the skin. The "extension of the latter from centre to circumference had not yet affected the external organs. These surface-spots," says Pasteur, "only occur when the internal skin, if I may be allowed the expression, is affected to such a degree as to seriously interfere with the functions of digestion and assimilation."

Subsequently, however, integumentary lesions were produced which, upon careful examination, were found to contain the pebrine corpuscles. It is difficult to recognize the distinction here established, and not recall the difference between those superficial syphilides, which disappear readily under appropriate treatment, and those which contain a specific morbid product. One instinctively recurs to the theory of Jonathan Hutchinson and others, that the lesions of secondary syphilis are febrile phenomena. These precede the deposits of tertiary forms, in which the "still-born" product of Lancereaux is to be distinguished.

The patches upon the integument

* See *Nouv. Dict. de Med. et de Chi. Jaccoud, Art. Contagion.*

in pebrine are generally of a dark color, sometimes black, (whence the name,) some more and some less clearly defined. The petechial character of this stage of the disease has given it the name by which it is known among the Italians (Petechia of the Silk-Worms). When completely developed, these stains are surrounded by a yellowish areola, which exhibits various gradations in color. Sometimes they constitute the sole symptoms of the disease.

M. Quatrefages, with whose opinions Pasteur is not in complete accord, declares that the alterations, described above, are best studied in the skin of the young larves. In these he could occasionally descry nothing more than a yellowish tint, slightly obscuring the hyaline transparency of the tissues. Somewhat later, a darker stain became visible, shading gradually into brown, until the translucence of the epidermis was lost. Finally, a brownish-black stigma remained, which was accompanied by a disappearance of all traces of organization. About this, as a nucleus, a yellowish areola extended, which, in his opinion, marked the invasion of the surrounding tissues. This process generally continued until arrested, either by the death of the worm, or by the regular replacement of the old, by a new integument. In the course of two or three days, however, the new cuticle, which at first appeared entirely normal, was in its turn affected by the disease, "proving," says Quatrefages, "that the lesions were not local phenomena, but signs of a constitutional malady, dependent upon a profound cause."

Pasteur has noted that the development of the pebrine corpuscles proceeds with an unexampled rapidity during these periods of metamorphosis—a circumstance which our knowledge of the laws of pathology would lead us to expect. He disagrees with Quatrefages in the supposition that the integumentary lesions are localized foci, from which a quasi-gangrenous process extends to the invasion of adjacent tissue; but considers each stigma to be a resultant of corpuscular development, and the changes in the appearance of the maculæ, not due to molecular death, but to neoplastic hyperplasia.

In addition to the symptoms noted above, certain other indications of disease are described in the adult moth, as, for example, vesicles, varices and bullæ filled with a sanguinolent fluid, under or near the wings. Some of these were observed to burst, and their contents, escaping and drying, were found to form adherent crusts, black and viscous, of the size of a pea.

5. *Pebrine and Syphilis are alike productive of a specific adenopathy.* The secretion of the silk glands of the pupa has solely contributed to the value placed upon the insect by the commercial world. In a pathological point of view, these glands possess especial importance from the fact that they are rapidly affected in pebrine. The large pentagonal cells which surround the canal where the silk is secreted in a viscous state, exhibit in a diseased condition numbers of oval corpuscles, crowded together, and sometimes collected in such masses that they lend an appearance of hypertrophy to the glandular tissue. Viewed with a low power, they exhibit whitish projections brilliant in color, of oval form, and very clear

definition. They are, without doubt, evidence of the extension of the disease to the visceral organs of the worms: and the total incapacity of the larvæ to produce cocoons—those of them, at least, which are profoundly affected—is a proof of the destructive agency exerted by the glandular neoplasms.

In syphilis, not only are those glands affected which are in the chain of the great system of lymphatics, but those which are actively concerned in hæmatopœsis. There is strong reason to believe that, aside from the development of hepatic gummata, usually found in the tertiary stage, one of the earliest symptoms of constitutional syphilis is dependent upon some disturbance of the glycogenic function of the liver. Dr. Charles Murchison has recently concluded,* after reviewing the discoveries of Hoppe Seyler, Bernard, Lehmann, McDonnell, Hirt, of Zittau, Weber and Kolliker, that "the glycogen secreted in the liver cell combines with nitrogen and forms an azotised protoplasm which maintains the nutrition of the blood and tissues." In this light the chloroanæmia of early syphilis is most readily explained—a condition which is constant in all but benign cases, and which constitutes an important indication for successful treatment.

6. *Pebrine and Syphilis are, alike, diseases of the blood.* In a healthy state the blood of the larve is a transparent albuminous fluid—colorless in the case of those races which produce white silk; and golden yellow in those which produce yellow silk. Under the microscope, innumerable spherical bodies appear, of various sizes, the largest of which does not in its greatest diameter exceed .0039 of an inch. They seem endowed with individual vitality, and continually reproduce themselves during the life of the insect. When the latter is infected with pebrine, the number of the blood globules decreases—thus inducing a species of chloroanæmia—and the albuminous fluid becomes charged with an immense number of minute animated corpuscles .01 of an inch in diameter, increasing in proportion to the disappearance of its normal ingredients. These are the pebrine corpuscles already described, which Pasteur is disposed to regard as the parasitic germs of a species of psorosperm. They are oval or reniform in contour, destitute of ciliæ, and move rapidly, apparently at will, sometimes advancing and sometimes receding in the vascular channel.

The genus "psorosperm" was first established by Jean Muller, after his observation of certain anomalous organisms in different varieties of fishes, and especially in the fresh-water pike. But certain later expressions of Pasteur seem to imply that his mind is not perfectly clear as to the parasitic character of the germs described by him. In some of his communications to the Academy of Sciences, for example, he uses language from which it might be inferred that the disease originated in generations of the ancestors of these worms, whose connective tissue had undergone a peculiar cell-metamorphosis.

It is well-known that Beale* adduces very strong grounds for the belief that contagious disease germs are not parasites, and his opinions are

* Lancet, June, 1874.

* Disease Germs; their nature and origin. Lionel S. Beale. London: 1872.

largely the result of researches upon the subject of the cattle-plague. Let it be supposed, in accordance with his views, that the corpuscles described by Pasteur are bioplasts—contagious living disease germs—that they are the descendants of blood or tissue bioplasts; that subsequently, either by hyper-nutrition or retrogression, they have undergone a conversion of energy, and become powerful to self-multiply indefinitely, and powerless to build up new and normal structures. This would explain the amœbiform movement of the pebrine corpuscles, their contagiousness, their virulence and their destructiveness. Not only so, but it would do away with the need of resorting to a novel species of parasite, in order to explain the phenomena. It should be stated in this connection, that Beale considers the observations of both Pouchet and Pasteur open to objections upon the ground of their employment of very low powers. Many of the germs figured by Beale were viewed with an objective of one-fiftieth of an inch focal distance, enlarging the dimensions of these organisms two thousand eight hundred diameters.

In such a field as this, speculation is illusory, and scientific deductions are alone to be desired. Still the general trend of the exposed strata is in one direction. They to whom the conservation and transmutation of forces is an unalterable fact of physics, have no difficulty in believing that there is a similar law to which the vital forces are subject. Heat, light and electricity are shown to be modes of motion—interchangeable and intercurrent. The day is, perhaps, not far distant, when it will be clear that contagious and other diseases, which betray themselves by structural lesions, depend upon the mode of motion of the bioplast. This motion is known to be the measure of its energy. Can we not even declare that it is the essential condition of its vitality? Motionless bioplasm is dead. The transmutation of a normal to an abnormal energy should, therefore, produce disease and ultimate death. If this can be shown, it will be apparent that by an inversion of this process, restoration from disease occurs.

Guerin-Meneville, in a report to the French Agricultural Society in 1849—mark the date!—gives expression to the same general thought. "It seems clear to me," said he, "that these granules (pebrine corpuscles) are the elements of new blood globules, normally produced and launched into the vascular currents of healthy worms; but in pathological conditions they lack certain essential elements, and are therefore arrested in the progress of development."

Pasteur describes the mature corpuscles as brilliant of refraction and ovoid in shape. They subsequently become pyriform, surround themselves with a double envelope, and exhibit a slight flattening at the narrower extremity. They contain granules, either free or adherent to the cell wall, and these, he believes, after their exit by rupture of the cell envelope, serve as new centres for the development of new corpuscles, and thus extend the disease. The tissue of these organisms was supposed to contain sarcode.

7. *Pebrine and Syphilis are hereditary disorders.* The transmission of

the disease of the silk-worm from one generation to another, has been the most fruitful source of evil in the propagation of the species. Unfortunately, before the microscope had been employed in the study of the malady, sericulturists could not be persuaded to believe that apparently healthy ova from parents of equal apparent health, contained the seeds of the devastation which had blasted their hopes of profit for the preceding year. Such, however, has been too frequently the case; and the success of Pasteur in totally eliminating the disease from those nurseries in which his method was pursued, was due to his recognition of this fact. It is not a little remarkable in this connection, to observe that:

8. *In Pebrine, as in Syphilis, when one parent only is affected with the disease, healthy offspring may be produced.* This general fact was demonstrated by a great number of experiments upon the coupling of moths, in which there was undoubted evidence of corpuscular disease either of the male or the female. It appeared, also, from these experiments, that ova entirely sound were generated occasionally by males who exhibited very extensive traces of the malady, when assorted with females who, while they were indubitably infected, yet exhibited very few of the pathognomonic lesions of pebrine. The experimenter explained these circumstances by the conditions incidental to the chrysalis. If the latter became infected with pebrine so as to exhibit corpuscles very soon after the formation of the cocoon, the moth and its ova were almost certain to be similarly diseased. But if this development did not occur until near the time for the escape of the imago then the ova of the moth might be entirely sound. In the case of the syphilitic ovum, similar results are said to be declared, according as infection occurs early or late in utero-gestation.

Other analogies between these diseases obviously exist which might be in turn the subject of comment. Such, for example, are the involvement of the nervous system and centres in each—the infecundity of infected females who are liable to sterility and the production of blighted germs; the non-inoculability of the infectious matter obtained during the later stages of each disease, and the liability of each to complication by the advent of other maladies.

It should be stated that Pasteur himself is disposed to regard pebrine as analogous to pulmonary phthisis. But he is careful to announce that in establishing a resemblance between the facts which he has observed and those relative to diseases of the human race, he does not speak as an expert.* The hereditary influence of phthisis seems to have attracted his attention to this subject.

But there are many objections to this view founded upon the clinical history of terberculosis. This latter disease is neither infectious, contagious nor inoculable.† Nor does it

* "Je desire toutefois que l'on sache bien que je parle en profane, lorsque j'etablis des assimilations entre les faits que j'ai observes et les maladies humaines." T. 2 p.

† Bouillaud states that, "the tuberculous virus is an hypothesis which up to the present time rests upon no exact nor trustworthy observation; and there does not exist a single instance of tuberculosis of the lungs, or of any part of the body, being produced in the human species by means of specific (viru-

produce a pathognomonic cutaneous lesion.

It is true, as stated by Pasteur, that children born of phthisical parents, may, in some instances, merely become more or less sickly, while in others tubercle may be developed in different degrees at various ages. But one has not to consult the statistics of consumption in order to establish this diversity in the evolution of hereditary disease. Congenital syphilis may infect the ovum, the fœtus at term, and the infant newly born or which has survived for weeks and months. But this is not the limit of its effect. Massa narrates cases in which the disease was developed between three and eleven years of age; Balling, similar instances at the age of sixteen; Rosen, at eleven; Baumes, at four; Cazenave, at eighteen; Fournier, at twenty-five; Zambaco, at twenty-six.* Other authors cite cases which illustrate the same point. In the face of these observations who will venture to say: "Thus far doth it come, and no farther?"

In concluding the consideration of the general subject here discussed, few will refuse to concur with the opinions expressed by Dr. William Aitken. "The diseases of the lower animals," says this author, "rarely form any part of the study of the student of medicine. The diseases of plants are almost entirely neglected. Yet it is clear that until all these have been studied, and some steps taken to generalize the results, every conclusion in pathology regarding the nature of diseases must be the result of a limited experience from a limited field of observation."

J. N. H.

lent) inoculation." As to contagion, the experiments of Erdt, Villemin, Simon, Herard and Clarke have been shown by Lebert, Nyss, Sanderson and Fox, to demonstrate merely the irritative character of subcutaneous injections of putrid matter.

* Lancereaux; Traite de la Syphilis. Paris: 1866.

DRUNKENNESS AND INSANITY.—The last English census report says that it has been established by the observation of many authorities that intemperance is the most prolific cause of insanity, especially among the working classes. To the cases of madness resulting from habits of drunkenness on the part of the individuals themselves must be added the numerous instances in which persons owe their insanity to the intemperate habits of their parents. It is said that the fruitful source of mental disease, hereditary taint, insanity inherited from parents, is fostered by the insane being allowed to propagate their kind with scarce any effort to check so deplorable an event. Large numbers of the insane and the idiotic still remain at home, or are "boarded out," and become in many instances the agents of extending the fell malady through their offspring.—*Philadelphia Med. and Surg. Reporter.*

Translations.

ON THE LOCAL TREATMENT OF PULMONARY CAVITIES.

By Prof. F. Mosler, of Greifswald. A Resume of the Author's Various Reports by the Editor of the Allgemeine Wiener Med. Zeitung.

Translated for The Examiner *by* Dr. H. Gradle. *Continuation from June 1st, No. XI.*

THE exuding pus became constantly less in quantity, and of a more laudable nature; whence Mosler concludes that this method of disinfection is of greater efficacy than inhalation of carbolic acid per orem. By percussion the cracked-pot resonance was now more distinctly perceived over the cavity, probably on account of its external opening; the mucous rales, however, were less marked. The patient made no complaints about trouble with his lungs. The subjective condition improved after the operation, while the destruction of the lung seemed to have been arrested. An improvement, however, of the general health was not observed, nor, indeed, expected. The albuminuria increased constantly, the constitution being accordingly weakened, so that finally the patient could not leave his bed.

This comprises the reports which Mosler made at the last congress of naturalists at Wiesbaden; his deductions we will refer to, later.

When Mosler returned to Greifswald on the 1st of October, 1873, he found—as he reports in the *Berl. Klin. Wochenschrift*—a change for the worse, as the debility had increased in spite of tonics and stimulants, while albumen appeared in still greater quantities in the urine. Emaciation was very marked; appetite and bowels were normal; pyrexia was not present. The temperature was neither in the morning nor evening higher than 37.6° C. (99.6° F.); the cough had diminished, the sputa also, while the pus flowed still freely through the canula, on account of which inhalations of a diluted solution of carbolic acid were continued twice daily. The physical examination showed no great change; the destruction had evidently been arrested. Respiration had been but little disturbed so far, but occasionally there was a sense of fullness in the epigastrium. A notable exarcerbation set in on October 3d; cardiac activity became enfeebled, and signs of collapse appeared; the temperature sank to 36.6° C. (97.8° F.), and dyspnœa occurred. On the evening of October 5th death from cardiac paralysis closed the scene.

The autopsy revealed the following condition: The left lung well retracted; the pleural layers of the right side completely adherent to each other; the left lung adherent at the apex, less along the posterior part of the lower lobe. On section, both the

upper and lower lobes were shown to contain air; in their substance grayish-white nodules, partly discrete, partly arranged in circular groups, were found in small number. The mucous lining of the bronchial tubes was not altered. The right lung was adherent to the costal pleura in its whole extent, especially above the third rib. On removing the costal pleura, there was found, from the apex to the base of the upper lobe, a whitish pseudo-membrane of almost cartilaginous consistency, several lines in thickness. On the lower anterior part of the upper lobe, a canal with smooth edges was noticed, running in an upward antero-posterior direction (corresponding to the site of the canula) which led to a cavity occupying the greater part of the upper lobe, and filled with a yellow, creamy fluid. The interior of the cavity was traversed by septa of a reddish hue, contrasting with the dark gray color of the smooth walls. On some partitions the surface appeared feebly granular. From a section of the lower lobe there exuded on pressure a reddish watery fluid. Here also a small number of gray nodules, of the size of a millet seed, were seen, arranged as before stated. The heart was not much altered, its muscular tissue feeble and of a brownish color. The spleen and both kidneys showed distinct amyloid degeneration, likewise the villi on the interior of the ileum and jejunum; in some places the mucous membrane of these organs was denuded.

From the statements made at the congress of naturalists at Wiesbaden, Mosler concludes that the local treatment of pulmonary cavities is a practicable procedure.

The first suggestion in this line was made by Barry in the year 1726, and again thrown out subsequently by Nasse, Von Herff, and Hooker, without leading to a trial of the operation, since objections were constantly raised on account of the difficulty of a diagnosis and the obstacles to the performance of the operation; the immense progress, however, of medicine and surgery in the present time has overcome these obstacles. As regards the ultimate success and permanent value of the operation, views will differ, but a tolerance of modifications of the method can and ought to be expected. The above cases have at least proven that even as a symptomatic remedy the method is not without advantage. Whether the local treatment induces granulation, and consequent obliteration of the cavity, Mosler does not dare to decide before further observations have been made. At least this has been proven by his experiments, that the lung is much more tolerant of operative procedures, and that these are much less dangerous and difficult, than was formerly supposed.

As further proof of their innocuity, Mosler can state that since even limited pleuritic exudations are removed by aspiration in his clinic, it has happened occasionally that the trocar entered a pulmonary infiltration, instead of a pleuritic exudation, without injurious consequences to the patient. Similar observations were also communicated to the author by other physicians. Possibly we may even have the courage, at some future time, to treat pulmonary infiltrations, as other parenchymatous tumors, by injections of medicines.

Editorial Department.

HARD TO PLEASE.

TO a liberal, earnest mind, accustomed to work, and manfully striving to make the world better, few things appear more contemptible than a *chronic fault-finder*, or a self-complacent *Pecksniff*. The leading editorial in the Philadelphia *Medical Times*, for June 27th, forcibly reminds us of the union of both these characters in one person. The article relates to the American Medical Association, which it derisively calls the "*redoubtable* organization." And after alluding to what the writer calls "remarkable statistics," presented by Dr. Sayre, of New York, in the Surgical Section, he continues: "Leaving out of sight this matter, the Detroit gathering does not appear to have yielded any scientific fruits whatever." Of course not. There were only eight or ten well-written papers presented and discussed in the Section on Practice of Medicine, Materia Medica, and Physiology; as many in the Section on State Medicine and Public Hygiene; half that number in each of the Sections on Obstetrics and Surgery, including such writers and teachers as Gross, of Philadelphia; Sayre and Beard, of New York; Moore, of Rochester; Dunlap, of Ohio; Morris and Howard, of Baltimore; Bell, of Brooklyn; Parvin, of Indianapolis, etc. What a pity that some of these gentlemen had not bethought themselves to have quoted, at least, one line from the editorial department of the Philadelphia *Medical Times*, and thereby given the Detroit meeting some slight aroma of "scientific fruit." The following, however, is the most remarkable paragraph in the editorial of the *Times*: "For the sake of *our* foreign contemporaries, *we* want to deny emphatically that the convocation was in any true sense representative of the American profession. We do not in any way wish to disparage our Western brethren, but it is a simple fact that by far the largest portion of the leading minds of the profession are to be found in our Eastern cities. The most influential periodicals, with a very few exceptions, are there issued; the American medical works almost all have such nativity; the chief medical schools of the country are there situated, and the facilities for higher medical self-education, for study and investigation, do there most abound. Yet, at the late meeting, these cities were scarcely represented at all. Boston, we are informed, sent one delegate; New York thirteen, and Philadelphia nine. Moreover, with very few exceptions, these representatives were not men of prominence at home—excellent physicians, no doubt, but not writers, teachers, or practitioners of national reputation."

How kind, how very considerate,

this Philadelphia editor is, to let his "foreign contemporaries" know that an association in which the prominent actors were such obscure men ("excellent physicians, no doubt,") as J. M. Toner and J. J. Woodward, of Washington; S. D. Gross and Washington Atlee, of Philadelphia; John Morris and E. L. Howard, of Baltimore; A. N. Talley, of Charleston; J. Marion Sims, A. N. Bell and L. A. Sayre, of New York; E. M. Moore, of Rochester; J. P. White, of Buffalo; J. B. Johnson and A. H. Gregory, of St. Louis; J. A. Murphy, of Cincinnati, and W. K. Bowling and W. T. Briggs, of Nashville, was in no "true sense representative of the American Profession." How thankful "our foreign contemporaries" ought to be, that we have, at least, one editor in America who is kind enough to prevent their being imposed upon! But will not J. B. Lippincott & Co., publishers of the *Medical Times*, please inform us in the next issue of that most valuable journal, *who* its editor is? For we, out in the "*Far West*," are not sure that it would not be best to raise a subscription in the Mississippi Valley, sufficient to pay the traveling expenses and hotel bills of said editor, and induce him to attend the next meeting at Louisville, so that Philadelphia may have a representative worthy of the *Emporium* of Medical Science, and the American Medical Association may present in some small degree a "true representative" character. We have no doubt but the "Western brethren" would subscribe liberally for this purpose; and if the journey should appear to be so "far West" as to frighten the learned gentleman, they would hire some good, motherly lady to accompany and take care of him, especially while crossing the more rugged parts of the Alleghany Mountains.

Wisconsin State Medical Society.—The regular annual meeting of this Society was held in Janesville, Wis., on the 16th, 17th, and 18th of June. Dr. Waterhouse presided, and the Profession of the State appeared to be well represented. A goodly number of papers were read, and topics of interest discussed, indicating a spirit of active inquiry creditable to the profession of the State. Dr. Henry Palmer, of Janesville, furnished the Society a very pleasant social entertainment at the Myer's House, which was highly enjoyed by about two hundred guests.

Papers or reports on the subject of medical education were read by Drs. D. Mason and J. B. Whiting, both advocating the exaction of a higher standard of education for medical students and practitioners. The Wisconsin State Society has taken the right position in regard to the preliminary education of medical students, and has a Board of Censors for the examination of such young men as propose to enter upon the study of medicine. It is not proper for any member of that Society to admit a student into his office without sufficient evidence of a fair general education. We hope the time will soon come when the profession in every State will adopt and strictly enforce a similar rule.

The officers elected for the ensuing year are as follows:

President, Dr. Reeve, of Appleton.
Vice Presidents, Dr. E. W. Bartlett

and Dr. L. D. Armstrong; *Secretary*, Dr. Theron Nichols, of Milwaukee; *Assistant Secretary*, Dr. Wm. Fox.

AN OVERLOOKED SOURCE OF BLOOD-SUPPLY, FOR TRANSFUSION IN POST-PARTUM HÆMORRHAGE.—Dr. William Highmore, writing to *The Lancet*, calls attention to the use, for purposes of transfusion, of the blood which has escaped from the open uterine vessels. By collecting and defibrinating this blood, and warming it to the requisite temperature, it may again be returned to the circulation of the patient, and enable the attendant to save a life in cases where an equally good source from which to obtain a supply of blood, does not exist.—*Med. Record.*

Society Reports.

CHICAGO MEDICAL SOCIETY.

REGULAR SEMI-MONTHLY MEETING JULY 6, 1874.

Reported by Will. T. Montgomery.

THE Chicago Medical Society met, as usual, in the parlor of the Gault House. The President, Dr. Quine, in the chair. The Secretary being absent, Dr. Graham was elected Secretary *pro tem.* Dr. Strong related the following case: A young lady, nineteen years old, had been well until about one year ago, when she began to feel a stiffness in the calves of her legs. At that time she had to walk a considerable distance in order to reach her school, and thought at first that the trouble arose from this circumstance, but soon inflexibility and contraction of the joints supervened, and locomotion became impossible. Dr. Strong first saw her about four months ago. He found a large, flabby, and fleshy patient, with legs firmly flexed upon the thighs, but with no bony anchylosis of the knee joints. By persistent effort he was able to extend the legs to an angle of about forty-five degrees. He was not able to find the tendons of the hamstring muscles, but found a firm cord in the centre of the popliteal space, which appeared to be composed of the united tendons. There was considerable œdema of the feet and legs, which seemed due to the dependent position. Sensibility was perfect. The patient had not had any pain, and no tenderness existed along the spine. Appetite and sleep were normal, and she stated that she felt otherwise well. Menstruation had begun at sixteen years of age, and had regularly continued up to two months before the date of examination. Tonics, stimulating liniments, and passive motion were ordered, but with no improvement of symptoms. Dr. Mary Thompson suggested pelvic cellulitis as the probable cause of the trouble. The President thought it probably depended upon some lesion

of the lower portion of the spinal cord. Dr. Strong thought, if the trouble had come from cellulitis, the patient would have experienced pain. The President referred to a case of cellulitis in which there had been very little pain. Dr. Stillians reported the case of a young lady twenty-one years old, who had been sick since she first began to menstruate, seven years ago. She had been under treatment most of this time, but he did not see her until within the last ten weeks. He found her apparently well nourished, but complaining of pain and stiffness in one knee, and general hyperæsthesia of the integumentary surface. She was vomiting, and able to retain certain kinds of food only. He prescribed anti-emetics and extended the limb, but finding this treatment inefficacious, he began, three weeks ago, the use of tonics and electricity. The vomiting had ceased and the patient had been able to walk, but had had a hacking cough with anorexia for the last four days. The speaker was disposed to consider the ailment hysterical. Dr. Paoli agreed with the latter opinion, and recommended the use of assafœtida and valerian.

Dr. E. F. Ingals reported a case of epileptiform neuralgia with tonic muscular spasms. He had been called about midnight, June 24, to see the patient, who was about twenty-one years of age. She had been suffering from severe cramps of the arms, legs, and stomach for three or four hours. He found the patient in bed, apparently suffering but little, and was told she had improved much within an hour. Upon inquiry, he learned that she had been suffering from occipital neuralgia of a not very severe type for several days, the pain commencing late in the afternoon and continuing three or four hours. The patient stated that during the previous afternoon, the pain had been more severe than usual, and had been succeeded by chilly sensations of the feet and legs, followed by cramps, affecting also the hands and, finally, the stomach. Upon examination he found the skin cool and moist, the pulse slightly accelerated, the pupils normal, and the tongue slightly coated. No vomiting nor purging had occurred, though the bowels had been evacuated with paroxysmal abdominal pain. He prescribed one-quarter of a grain of the sulphate of morphia and ten grains of hydrate of chloral, to be repeated once in three hours if the convulsions returned. The next day moderate cephalalgia and muscular soreness remained. The spasms did not return during the night, but the patient slept little. About a year ago the patient had occupied a damp basement with poor sewerage, from which she had been finally induced to remove, though not until an obstinate intermittent neuralgia, for which she had been treated, had yielded. At that time quinine and iron utterly failed to give relief, which was afforded by the use of granules of one-sixteenth of a grain of sulphate of strychnia, given three or four times daily. Subsequently she had enjoyed good health until her present illness. Careful inquiry revealed the fact that the old attack had been preceded by tonic convulsions similar to those of the present illness. Remembering the former treatment, he at this second visit, notwithstanding the convulsions, prescribed the strychnia in

granules of one-sixteenth of a grain each, four times daily. That evening, about 5 o'clock, convulsions of the extremities and maxillary muscles again occurred, and lasted about three hours. He called at 5 P. M. the following day, and found the patient feeling very well, without headache and pain, and with some appetite. He congratulated himself that convalescence had been established, but in about half an hour after his visit the convulsions returned in a severe form. When examined at 9 P. M. the hands alone were affected, the fingers being firmly flexed by tonic muscular contraction. Suspecting that the medicine had occasioned the relapse, he instituted inquiry and found the druggist had made pills instead of furnishing the granules ordered. Morphine and chloral, as before, were substituted for the styrchnia, and on the 27th inst., he ordered half a grain of the valerianate of zinc at a dose, made into a pill with confection of roses to be given three times daily. Convulsions milder than before, occurred that evening. Two days later he found the patient comfortable. She had escaped pains and cramps the previous evening. What was the cause of this sudden cessation of neuralgic pains and the accompanying convulsions? "The valerianate of zinc" would be the answer, he thought, of nine out of ten physicians; but he found that the patient had not taken this medicine, owing to a misunderstanding on her part. A few doses, however, had been taken, but not sufficient to account for the relief. Two days later he found her still improving, and not suffering from convulsions. He ordered the medicine continued for a day or two in doses of one grain, to be followed by a ferruginous tonic. The doctor remarked that the case seemed interesting, in the first place on account of the convulsions attending an otherwise simple case of intermittent neuralgia. The first question occurring to us is: what caused the convulsions? Doubtless the same cause operating upon the cerebro-spinal axis produced convulsions which had formerly caused occipital and abdominal neuralgia, but what the exact nature of this cause was, he was unable to say. The patient was neither of a rheumatic nor gouty diathesis. She had not been exposed to lead poisoning, and could not be properly called anæmic. The pains were distinctly intermittent, and so one might expect malaria. But when we remember that many nervous affections, not dependent upon malaria, exhibit an intermittent character, we are still left in doubt. He said it seemed to him as unphilosophical to call every intermittent affection malarial, as to commit the common blunder of calling every disease rheumatic or syphilitic from which the patient recovers while taking iodide of potassium.

In the next place he wished to call attention to the use of sulphate of strychnia in doses of one-sixteenth of a grain. Whether in this instance the druggist had been accurate in its preparation was a matter of doubt. He believed that ordinary drug clerks were hardly competent to dispense such active medicines in pills or powders, and, therefore, when granules, prepared by experienced pharmaceutists, could not be obtained, strychnia should be given in solution, notwithstanding its intense bitterness. With regard to the dose, standard authors

vary from one-thirty-secondth to one-eighth of a grain, but they are not always safe to follow. He believed one-sixteenth to be too large a dose to begin with, and should not have employed it in this case had he not known the patient's previous history; even though he had himself taken one-sixteenth of a grain three times daily without injurious results. He had in mind a patient suffering from hemiplegia, who for several weeks took about one-half of a grain three times a day, but finally had severe convulsions, which immediately subsided when the medicine was suspended. His preceptor once saw a lady who evidently died from the effects of strychnia administered in doses of one-twentieth of a grain three or four times daily for several days. He believed this remedy possessed a cumulative action. That is, while a given dose might be taken for a considerable time without ill effects, exactly the same dose might prove toxic. By this he did not mean the same dose from the bottom of a bottle containing a solution of strychnia which might be much stronger than that taken from the top; but the same dose of the medicine itself. His experience with the valerianate of zinc in this case was purely homœopathic, but to him it suggested another caution against jumping at conclusions with regard to the action of medicine. If the patient had taken the medicine before the convulsions ceased, the one out of ten who presumed to doubt its effects would, at least, have been thought presumptuous.

Dr. C. M. Fitch thought a patient who had once taken an overdose of strychnia remained more susceptible to it for a long time. He had given a patient, who had once had an overdose, one-sixtieth of a grain three times a day, and after a few doses similar effects were produced. Dr. Quine had not been a believer in the cumulative action of medicines, and thought the trouble in most cases was brought about by giving medicines faster than they were eliminated. He thought this was true of strychnia. He agreed with Dr. Fitch in reference to increased susceptibility. Dr. Pierson had given strychnia to a patient who had become alarmed and presented symptoms of poisoning, but when he subsequently gave it in the same dose disguised, it had had no bad effects. Dr. Strong had once given a patient with Bright's disease two doses of strychnia of one-thirty-secondth of a grain each, and the last dose was soon followed by convulsions simulating those produced by it. The patient died on the next day. He was not sure whether the convulsions resulted from the medicine or uræmia. Dr. Taggart had often prescribed strychnia in one-sixteenth of a grain doses, but had not seen any ill effects from it. Dr. Earle had recently seen a patient, a hard drinker, who, with suicidal intent, had taken four hundred grains of chloral hydrate at once, without the desired effect. The following night he took what was purchased for ten grains of sulphate of morphine, and made another failure. The patient had not been addicted to the use of opium, but as the chloral did not kill him, the doctor thought he had taken ten grains of morphia with impunity. Dr. Knox once prescribed four hundred and eighty grains of chloral in solution for a case of delirium tremens, and the patient had

taken it all in one night without any apparent ill effects. He thought the alcohol antagonized its action. Dr. Earle reported a case of post pharyngeal abscess, consequent upon scarlet fever.

Dr. Fitch presented a specimen of polypoid tumor of the uterus, which he had removed from the patient of another physician by means of the galvano cautery. The tumor began to appear about one year ago, and the patient had since suffered at times from excessive and well-nigh fatal hæmorrhage. The tumor was attached high up in the cervical canal by means of a short, thick pedicle, and at the time of its removal it was nearly as large as a goose's egg, and of a dark red color. The loop of wire was passed around the pedicle of the tumor, and heated by means of nine large-sized Bunsen cells. The incision was as smooth as if it had been made with a knife. No hæmorrhage followed, and the patient went on to a rapid recovery. After some discussion as to the nature of the tumor, the Society adjourned.

Gleanings from Our Exchanges.

THE OPERATIVE TREATMENT OF PLEURAL EFFUSIONS.

READ BEFORE THE PHILADELPHIA COUNTY MEDICAL SOCIETY, MARCH 25, 1874. BY WILLIAM PEPPER, M. D.

From the Philadelphia Medical Times.

IN announcing that I should this evening present a few remarks upon the subject of pleural effusions, I have felt that it would be desirable to pass over the somewhat theoretical questions which may be raised about the diagnosis of these effusions, and to limit my remarks to the more practical and interesting point of their treatment. * * * But few distinct clinical histories remain to us from the earlier days of paracentesis; but doubtless, to judge from the difficulty which even now attends the diagnosis in some cases of pleural effusion, our bold forefathers must have made many a "dry tap."

The more recent history of the operation is somewhat curious. Despite the many instances in which it was known to have been successfully employed, despite the improvements in the mode of operating, and the vast improvement in our power of determining the exact location and extent of the effusion, paracentesis continued to be regarded as a daring operation, to be performed only under conditions of urgent danger. It is true, when Lænnec announced his immortal discovery, he did not fail to perceive the bearing which physical diagnosis had upon the operation under discussion, and he asserts "that paracentesis will become much more common and much more useful in proportion to the diffusion of the employment of mediate auscultation." That this prediction was not more speedily verified is to be explained by

the fact that there was still wanting a clear analysis of the clinical symptoms which furnish the chief indications for the operation, as well as the sole guide in the prognosis of its results.

The great credit which is due to Trousseau in connection with paracentesis is, then, undoubtedly this, that in 1843 he for the first time gave a clear and impressive account of the precise indications which call for the operation, while at the same time he simplified the operative procedure, and, by his great success in repeated instances, confirmed his precepts by the most extended practice. Becker, Schuh and Skoda had, a few years previously, published valuable memoirs, which anticipated most of Trousseau's conclusions; but it was reserved for this latter teacher, by his firmness and eloquent advocacy and brilliantly successful employment of paracentesis, to bring the operation into the high favor which it has since enjoyed. On the continent of Europe, its discussion has been ever since "the order of the day;" and in England it has been frequently advocated and performed.

In America, despite the valuable memoirs of Bowditch, published over twenty years ago, the operation has apparently never been so popular and generally practiced as abroad. It may, therefore, not be deemed inappropriate if I give a brief sketch of the operation as it is performed by different operators, and as I have myself frequently employed it. * * *

The first method to which I shall allude may be called that of Trousseau, although the chief peculiarity, the valve in the canula, was the introduction of Reybard (*Gaz. Med.*, January, 1841). As described in his work on Clinical Medicine (Syd. Soc. Trans., vol. iii, p. 270), the apparatus consists merely of a bistoury, with which an incision is made through the skin at the point to be punctured, and a common trocar, the lips of which are surrounded with a gold-beater's skin which is softened by being wetted. When gold-beater's skin cannot be obtained, a piece of the intestine of a fowl, rabbit, or cat, or a bit of bladder, will serve the purpose of forming a valve which will allow the fluid to flow out during expiration, whilst during inspiration it rests in exact apposition to the expansion of the canula and prevents the entrace of air to the chest.

A modification of this method, which I have employed in many cases with entire success, is as follows: A piece of thin India-rubber tubing is attached to the canula, and the trocar is passed through the tubing before entering the canula. The free end of the tubing is placed in a vessel containing a little water. After the puncture has been made the stylet is withdrawn, the minute hole in the elastic tubing instantly closes, and the fluid escapes into the vessel, the water of which effectually prevents any return of air during the interruption of the flow of the fluid. * * * I have already alluded to the fact that so long ago as the time of Scultetus the use of a syringe was recommended to exhaust the portion of the effusion which was below the level of the external opening. Lænnec advised the use of a cupping-glass and exhausting-syringe, with the view of draining off the last remains of fluid and of facilitating the expansion of the lung. But more recently, greatly improved suction-pumps or aspirators have been devised. Among these, the apparatus devised by Bowditch deserves prominent mention. And still more recently, Dieulafoy has modified the syringe by introducing a stopcock between the nozzle and the chamber, so that the latter may be exhausted, and then, after the point of the trocar is buried beneath the skin, the vacuum may be brought into connection with the cavity of the needle and the point be endowed with a spontaneous power of suction.

He has also devised a modification by which a vacuum is created in a graduated jar, and the cavity of the needle brought into connection with this, so that the amount of fluid withdrawn can be directly observed. This lat-

ter form has the disadvantage that in case of large effusions it is necessary from time to time to detach the receiver (which contains about twenty fluidounces), empty it, renew the vacuum and re-attach it. Where the collection of fluid to be withdrawn is small, and particularly if it be also offensive, this instrument enables you to remove it without exposing it to the atmosphere at all.

In attempting to estimate the relative advantages of these various methods, I would not be understood as disparaging the merits of any, whilst at the same time I would raise my voice against the unquestioning, unmeasured laudation which has been bestowed in many quarters upon Dieulafoy's apparatus. The sole object which is to be accomplished by paracentesis is the withdrawal of the effusion without permitting the entrance of air. In considering which of the above methods best secures this purpose, it is to be first observed that they all provide effectually against the possibility of the entrance of air during the withdrawal of the fluid. Let us ask, in the next place, by what forces the removal of the fluid is to be accomplished. In employing either of the two first modes, where a simple puncture with a guarded canula is made, there is no external power whatever employed. The forces which expel the fluid are —1, gravity, which leads so much of the effusion as is above the level of the external opening to escape, in seeking its level; 2, the tendency of the chest-wall, which has been greatly stretched, and of the adjoining viscera, which has been displaced, to return to their normal limits, by expelling a portion of the effusion; and 3, the centrifugal pressure of the expanding lung.

It is further evident that the first force, that of gravity, will be able to operate directly in proportion to the activity of the two latter elements, since, if the lung be entirely non-expansive, the chest-wall rigid and inelastic, and the dislocated viscera fixed in their morbid position, there will be little or no escape of fluid. In other words, the rapidity and the extent of the withdrawal of the effusion are measured by the promptitude and degree of the return of the viscera to their normal condition. It will therefore always be observed that the fluid, which at first flows in a steady stream, soon begins to escape by jets corresponding to the movements of respiration.

On the other hand, in the employment of either of the two later methods—Bowditch's syringe, or Dieulafoy's aspirator—we bring to bear an additional power—, that of the suction of a vacuum. In regard to the aspirator, it must be remembered that it possesses one virtue peculiar to itself, and which gives it a high diagnostic value. As there is constantly the full suction-power of the vacuum at the end of the needle as it is pushed through the tissues, it follows that the instant the fluid is reached it will be seen to enter the chamber of the syringe. Whereas, it is quite possible that, in case of a comparatively thin layer of fluid included between pleuræ thickened by plastic deposits, the trocar of a Bowditch's syringe or an exploring-needle might be passed through the liquid stratum and have its point imbedded in the thickened pulmonary pleura, and thus seriously mislead the operator. But apart from this special diagnostic value, and of its great importance in some cases I am well aware, Dieulafoy's aspirator has no advantage over Bowditch's syringe, while it has the disadvantage that, as the barrel of the syringe is small, and the piston necessarily works very tightly, the evacuation of a large collection of fluid is both tedious and fatiguing. Both instruments are, however, alike in this, that when they are used, instead of the fluid being expelled by the forces we have already considered, it is sucked out by a force which varies with the perfection of the vacuum created in the syringe, but which is in all cases quite considerable. When, therfore, all the conditions exist which render

it quite impossible for the parts to return quickly to their normal position —when the lung is tightly bound down, and the chest-wall rigid—it is quite possible, despite Dieulafoy's assertion to the contrary, that an injurious traction may be exerted upon the lung by the forced withdrawal of fluid from the pleural sac. * * *

It must be further asked, in connection with this point, how much advantage attaches to the entire withdrawal of the effusion? It has been held by some that it is undesirable to do so, but I confess to being unable to perceive any good reason for fearing to do it in cases where it is evident, by the return of pulmonary resonance and the development of the vesicular murmur, that the lung is expanding freely to occupy the place of the effusion. In such cases it is undoubtedly possible to withdraw the accumulation by the simple canula, as described. In other instances, where the effusion is serous, but yet the lung is incapable of fully expanding by the mere pressure of the atmospheric air entering its tissue, it may be of service to supplement this by the force of aspiration. But I have not observed in such cases any disadvantage from allowing a portion of the effusion to remain, since it has often been possible, after the excessive distention was removed, to secure the absorption of the remainder as the lung gradually expanded.

In fine, the result of my own experience has been that the greatest value of the "aspirator, with the previous vacuum," in cases of pleural effusion, is a diagnostic one; that in cases of large effusions, when the lung is free to expand, the effusion can be easily, safely, and successfully withdrawn by a simple guarded canula; that in cases where the inability of the lung to expand prevents free escape of the fluid through the canula, it is desirable to employ an exhausting syringe, unless its use is attended by such severe pain as to indicate excessive tension upon the pulmonary tissues or upon organized adhesions.

BROOKLYN CITY HOSPITAL REPORTS.—*Inhalation of Chloroform in a case of Strychnine Poisoning.*—Patient took five (5) grains of strychnine with suicidal intent.

Before admission to the hospital he was given twenty grains of sulphate of zinc with effect. He had repeated convulsions, and, while being taken from the ambulance, was seized with one of tetanic form, which plainly showed strychnine poisoning. Every muscle was rigid, and tetanus complete. Opisthotonos, irregularity of pulse, varying from 120 to 140 in the minute, with all the accompanying symptoms, were noticeable.

He was immediately placed under the influence of chloroform. The convulsions ceased from the commencement of the anæsthesia, under which the patient was fully kept for three (3) hours. The chloroform was then removed, but the patient did not awake until six (6) hours afterwards—a case of recovery.

Chronic Diarrhœa.—In those cases where the epithelium is stripped from the tongue, and the patient presents the cachexia of the disease, good results have been obtained by the administration of pulv. ipecac, in twelve-grain doses, three (3) times daily, given mid-time between meals to prevent emesis.

This is continued until the stools are of a perfectly serous nature, when the ipecac is discontinued, and

Zinci oxid. ---------gr. iv.
Ext. quassiæ--------gr. vj.

in capsule given three times daily.

Guarana in powder has been used in similar cases with apparently very good cures; but as it is impossible to keep trace of the patient, the permanency of the cure is not established.

Peculiar Injury of Finger.—A somewhat peculiar case was brought to our notice of a machinist, who, while at work, had the end of his index-finger caught in the machinery.

The ungual phalanx was torn off, and attached to it was thirteen inches of the flexor tendon, and muscular connection. No inflammation of the arm ensued.

Night Sweats.—For night sweats of phthisis the combination of extract of belladonna with oxide of zinc :

Belladonnæ ext.-------gr. ¼
Zinci oxid. ----------gr. iv.

is found acceptable.

Excision of portion of Sternum.—This is a case where the greater portion of the manubrium was excised, by Dr. Spier, for necrosis.

Rupture of Lung.—Patient, seventeen years of age, was suddenly caught and crushed between two cars, resulting in fracture of neck of humerus, and death from emphysema. Autopsy revealed rupture of left lung through apex, four and a half inches in depth. No fractured rib to cause it; but the lungs were filled, and in the sudden pressure the air was not able to escape by the natural passage; a rupture was the consequence.—*N. Y. Med. Record.*

THE ABDOMINAL BRANCHES OF THE PNEUMO-GASTRIC NERVES AND THEIR RELATION TO THE TREATMENT OF CHOLERAIC DISCHARGES.—The subject of the Annual Essay read before the Minn. State Med. Society by H. C. Hand, M.D., (*Northwestern Med. and Surg. Journal.*) This is an article to which we refer with especial pleasure, since, while it contains a few excellent suggestions, theoretically deduced, it does not leave the domain of facts to enter that of speculation. Epitomizing from the lengthy original, we deem it unnecessary to quote the author's experiments and dissections, as they go mainly to confirm the researches of others. First describing the anatomical distribution of the vagus, he enters into the physiology of that wonderful nerve, limiting his remarks chiefly to its action on the abdominal viscera. The various experiments on the subject, up to date, are carefully cited, and their general results, as well as those of the author's vivisections, which, few as they were, were much interfered with by the meddling of some anti-cruelty people, show pretty evidently the antagonism between the vagus and the great sympathetic, and the increase of secretory action on excitation of the former, as well as the diminution of transudation and gland activity consequent upon section of the pneumogastrics. Waller's experiments on the human vagus are referred to, by compression of which, resulting when intense, in a temporary paralysis, he had repeatedly controlled obstinate vomiting; but more than this, Horatio C. Wood, Jr., found that section of that nerve in animals, counteracted the effects of the most powerful emetics and cathartics almost invariably, the autopsy proving the gastric and enteric mucous lining dry and mostly pale.

The two morbid processes, vomiting and diarrhœa, being thus dependent on vagal integrity, the question is raised by Dr. Hand, whether their inordinate continuation ought not to be interrupted, as we are aware that we can do this, by temporary paralysis of those nerve-tracts? The greater influence of the left vagus on the stomach, and of the right on intestinal action would indicate sedation of the former in vomiting, of the latter in choleraic discharges. As to the means of sedation, cold applied to the side of the neck would seem a more effective and preferable measure than Waller's compression, which is at the best difficult to perform; but in as intractable a disease as cholera, would not even a harsher method be justifiable to save life? Section of one vagus is, in animals, not a dangerous operation; indeed, division of both nerves is by no means always fatal, and comparative physiology has failed to point out any greater danger from that operation in man, as cases of traumatic injury of that nerve have confirmed; now, as union of the divided ends is of speedy occurrence, when care is taken to prevent any separation of the extremities, surely another chance for

life ought not to be refused to the patient, dying of intestinal discharge, and section of the right vagus ought to be given a trial, as a last resource in extreme cases. With these few remarks we will close, referring for further information to the interesting original.

PARALYSIS OF THE RADIAL NERVE. Panas (*Arch. Gen. de Medicine, Gaz. Med. Ital.*, No. 35, 1873, and *Allg. Central Zeitung*) has, after observation of numerous cases of radial paralysis, been unable to agree with the opinion of other physicians that this paralysis is brought about through cold, and is of rheumatic origin, but holds rather that it is due to pressure on the nerve. From seventeen cases he draws the following conclusions:

1. Paralysis of the radial nerve, in most, if not in all cases, is produced by a light persistent pressure on the nerve.

2. This pressure takes place on a superficially situated portion of the nerve, and the paralysis is limited by this portion.

3. The cause of the pressure is usually the weight of the body, more especially the head, for which the arm forms a support.

4. The longer the pressure has been continued, so much the more apparent will be the paralysis.

5. The paralysis comes on after a long and deep sleep.

6. Rapid and severe fatigue, which causes a lethargic sleep, favors the production of this paralysis.

7. Sometimes in slowly developed and progressive cases, the causes are unknown.

8. In thirty cases of radial paralysis which came under the observation of the author in the clinic and his private practice, in none could he discover rheumatism as a cause.

9. The anatomy of the parts as well as the etiology, the physiology, and the symptomatology, point to a mechanical disturbance of nerve function and consequent paralysis.

10. Rheumatic paralysis, due to cold, does not present the peculiarities afforded by radial paralysis, caused by compression.

11. Electricity cures the most of these paralyses if the disease is not of long standing, and the nerve, upon which the electric contractility of the muscles depends, has suffered no alteration.

THE EFFECT OF ALCOHOL ON DIGESTION.—In his lectures "On the Functional Derangements of the Liver," recently delivered at the Royal College of Physicians, Dr. Murchison gave the following sketch of the effect of the habitual use of alcohol on digestion: "Gradually the patient is taught by experience to become more careful as to what he eats and drinks. One thing after another he is obliged to give up. First, he renounces malt liquors; then he discovers that Port wine, Madeira, Champagne, and Burgundy disagree, and he betakes himself for a time to 'dry sherry;' but at length this does not suit, and after an interval, during which a trial is made of claret or hock, the patient, probably under medical advice, finds temporary relief from the substitution for wines, of brandy or whisky largely diluted with water. At last, unless he be misled by the fashionable, but to my mind erroneous, doctrine of the present day, that alcohol in one form or another is necessary for digestion, or to enable a man to get through his mental or bodily work, he finds that he enjoys best health when he abstains altogether from wines and spirits, and drinks plain water."—*Student's Journal and Hospital Gazette.*

MENINGITIS TUBERCULOSA.—J. A. Waldenstrom, of Upsala, gives, (*Deutsch Klinik*, 1873, No. 29,) as the two characteristic symptoms to aid in the diagnosis of this disease in early infancy, the vomiting, and the condition of the fontanella. When the former occurs after awakening or during sleep and after

change of position, from lying to sitting, or the reverse, especially shortly after eating, abdominal difficulties being at the same time excluded, it can generally be considered as due to irritation of the great nervous centres and affords a suspicion of tuberculous meningitis.

The other principal aid to the diagnosis in very young infants, the protrusion of the fontanella, is due to the intra-cranial pressure from the effusion into the ventricles. This symptom, which is generally overlooked by the text books, has been constant in all the cases observed by the author, though not always equally easy of detection.

In one case where chronic catarrh of the stomach and bowels, with vomiting and diarrhœa co-existed, he diagnosed the disease by this symptom alone, and though doubted by his colleagues of the Poliklinik, the correctness of his judgment was verified by the autopsy.

The diagnosis without these symptoms may be sufficiently easy to the skilled practitioner, but those less accustomed to diseases of children, will find them useful, especially so as they occur at a period when no knowledge of his or her subjective sensations can be obtained from the little patient.

CHOLERA.—An international "cholera congress," according to the *Eastern Budget*, is to meet at Vienna next month. Among the most important questions to be discussed on this occasion are the following:—1. Is cholera developed in India spontaneously, and is it always produced in other countries by transmission from abroad? 2. Is cholera capable of being transmitted by travelers from one country to another? 3. Can it be transmitted by articles used by cholera patients? 4. Can it be transmitted by provisions? 5. Can it be transmitted by living animals or the corpses of animals who have died from cholera, merely through the medium of the atmosphere? 6. Has the admission of fresh air to a cholera-producing agent any influence on its contagious or infectious properties? 7. How long is the period of incubation in cases of cholera-infection? 8. Are there any means of disinfection by which the cholera-producing or spreading agent may be made positively harmless, or at least weakened with any prospect of success? 9. Should quarantine establishments, to prevent the spread of cholera, be introduced on rivers, land, or sea? 10. Should permanent or temporary international stations for the study of infectious diseases, and the means of avoiding them, be established?—*London Globe.*

NEW BOOKS RECEIVED.

From Jansen, McClurg & Co.

MATERIA MEDICA FOR THE USE OF STUDENTS. By John B. Biddle, M.D. Sixth edition, revised and enlarged. Lindsey & Blakeston, Philadelphia. Price, cloth, $4.00.

A CONSPECTUS OF MEDICAL SCIENCES, comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics, for the use of Students. By Henry Hartshorne, A.M., M.D. Second edition, enlarged and thoroughly revised. Henry C. Lea, Philadelphia.

With both of the above works the profession is thoroughly familiar through their former editions. For their present issue, they have been throughly revised and some considerable matter added to each, bringing them up to date in the new advancements and discoveries.

INFLAMMATION OF THE LUNGS, TUBERCULOSIS AND CONSUMPTION. Twelve Lectures by Dr Ludwig Buhl. Translated from the second German edition. New York: G. P. Putnam's Sons, 1874. Price, $1.75.

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CLINICAL NOTES.

BY F. K. BAILEY, M. D., KNOXVILLE, TENN.

RHEUMATIC FEVER.—Case I.—Miss M., aged twenty years; of light complexion and hair; sanguineo-nervous temperament (the nervous, perhaps, predominating); had not been in good health since the age of fifteen, and was inclined to epileptiform seizures. On the fifth of May, I found the pulse small and compressible, beating 108 times in the minute, and the cardiac sounds normal; an anæmic thrill, however, indicated poverty of blood and irritable heart; her tongue was slightly coated and white, but moist; she complained of epigastric oppression, anorexia and thirst for acid drinks, with occasional nausea; the alimentary canal was in a normal condition and the urine not scanty, but occasionally red, and voided with intermittent contraction of the bladder; severe headache extended over the forehead and toward the vertex; the feet, ankles, and legs nearly to the knees were slightly swollen, very sensitive to the touch, and intolerant of motion; the skin presented a mottled, purplish appearance, which was unaffected by pressure with the finger; a deep-seated pain, as if along the principal nerves, with a general burning sensation, affected the whole limb; there was well-marked objective heat, but the subjective sensations were those of occasional chilliness, general restlessness and inability to sleep.

I ordered a liniment to be applied on flannel to the affected limbs, containing half an ounce of chloroform and glycerine, and an ounce of the tincture of camphor, which, by 6 P. M., had produced much relief. The skin of the patient seemed of a natural hue, but considerable fever

remained, with increased cephalalgia. I therefore directed her to take two grains of quinine every three hours during the night, and applied the liniment to the pit of the stomach and forehead, with marked temporary relief.

She rested well during the succeeding night, and I found in the morning that she had had no fever, and that the pulse was soft, full, and beating 100 times per minute. The limbs were less painful, and an enema had induced a moderate stool. The quinia was continued and lemon-juice ordered, while solid aliment was forbidden in consequence of the anorexia. No fever existed during the day, but slight cinchonism had occurred from taking sixteen grains of quinine. Her pulse was full—108 beats. I suspended the quinia and continued the embrocation.

She slept but little during the next night and complained of pain in the limbs, and about the hip joints and pelvic region, with nausea, feeling of faintness, and great desire for acids. I gave her ten drops of aromatic sulphuric acid in one drachm of compound tincture of gentian every three hours. At 6 P. M. there had been no fever; she was generally more comfortable, but could not take the medicine last ordered. Chicken soup was given every two or three hours during the night, and the liniment was used freely without further medication. Her limbs were much more swollen and painful on the next day, and she had had but little sleep. I ordered two and a half grains of the iodide of potassium and one twenty-fourth of a grain of sulphate of morphine to be given in pills every two hours, and substituted tincture of arnica for camphor in the liniment, which was still to be applied freely. Raw oysters were supplied as food. On Friday at 8 A. M. the patient was very much better and without pain, though a little soreness remained in her limbs. She had slept one-half of the night, and was faint at one time when port wine in small quantities procured relief. She had also had two or three severe paroxysms of hiccough and occasional epistaxis—a symptom which had occurred several times daily since I first saw her; her pulse was ninety-six and very soft; her tongue cleaner, and there was more desire for food and lemons; the latter produced no gastric uneasiness; the wine and food were continued freely and the pills given every four hours. On Saturday, at 9 A. M., she was suffering but little and had rested well; an enema had been followed by a stool; her pulse was eighty-five; her tongue cleaning, and the urine satisfactory. During the night she slept some, but was disturbed by frightful dreams; anorexia, cephalalgia, and mental depression remained, with sobbing and a "terrible feeling." I enjoined perfect rest and the ingestion of but little food, with small quantities of wine. At 6 P. M. she had slept nearly all day, and complained of soreness in the hips and inguinal region; her bowels moved spontaneously; her pulse was quite full, but soft, and about ninety; her tongue cleaning, and showing a smooth, red appearance in the middle, which is not unusual in nervous fevers. One pill was ordered at bed-time and beef tea occasionally during the night, with continued use of the embrocation. On Sunday, at 9 A. M., I found she had

slept during the night, and had more desire for food; she said that she began to feel better, but toward morning she had the "petit mal;" the bromide of potassium was given with a pill of the oxyd of silver. On Tuesday, the 13th, she stated that she had sat up four hours during the previous afternoon and had slept well during the night; her appetite was returning; there had been a motion of the bowels and the white coat was disappearing from the tongue, except at the edges; still a raw beefy surface could be seen in the centre; her pulse was full and about ninety; her countenance showed less anxiety, and she complained but little of soreness in the limbs. On Wednesday, at 9 P. M., there was less pain than usual; her pulse was ninety, and soft, but tolerable full; she had slept well and could rise from bed unaided; her bowels moved once, from an enema, and her tongue was nearly free from the white coat, but still very red. On the 15th, at 1 P. M., I found she had slept during the night, but had had more pain and soreness in the muscles since morning; there was left some facial pain from a carious tooth; there was also thirst, increased heat of surface and a pulse beating 100 per minute; the potass pills and the other remedies were resumed. On the 20th, there was less muscular pain, but considerable suffering from soreness of the gums and edge of the tongue on the left side, and about the third molar tooth of the inferior maxilla; her tongue was covered with a thick white coat; her pulse beat at about eighty per minute, but was soft and regular; indifferent appetite for a few days had yielded to a desire for eggs and beef tea, which she seemed to relish; with the exception of extreme tenderness of the mouth she seemed quite convalescent; two of the pills at intervals of two hours produced sleep; her stools were normal; one grain of the sulphate of quinine was given every three hours, and the bromide of potassium and oxyd of silver continued. She had a good night on the 21st, and complained of no pain except in the jaw; liquid food was administered, as she was unable to masticate anything solid; the bromide of potassium and quinia were now suspended. She slept on the night of the 22d, but became much nauseated about 10, complaining of extreme faintness; her tongue became flabby and exhibited no coat, but the redness had disappeared; her pulse was feeble and slow; but little nutriment had been taken; chloroform liniment was applied to the pit of the stomach, and a few drops of chloroform were followed by small quantities of brandy with milk, internally. Two grains of the citrate of iron were ordered three times daily, and she soon became easier. After some sleep she felt better than she had for two or three days. The bowels moved quite freely on the night of the 22d, from an enema. She slept well on the night of the 27th; her tongue assumed a more natural hue and her pulse was normal in frequency and force, except that it was softer than in health; her bowels moved spontaneously and there was some return of appetite; she took brandy and milk, with fruit and toast, for two days, and was driven out on the 24th, feeling much refreshed afterward; the citrate of iron, which had thus far been tolerated, was continued, and also the oxyd of silver;

there were some indications of the menstrual molimen during a part of the last week; it was the regular time for its recurrence, but for obvious reasons it might be deferred to any date before the end of the ensuing lunar month. On the 28th, she was much improved, and could sit up for a part of the day; the citrate of iron, pills and oxyd of silver were continued, with a caution as to exercise. Further visits were discontinued.

February, 1874.—This young lady has been subject, for some years, to an affection which was variously diagnosed by different medical men, but it is probable that the paroxysms were reflex in their origin, the uterine function being at fault. The physician under whose charge she had been for a year or more, prescribed bromide of potassium and bromide of ammonium, with oxyd of silver. The paroxysms were evidently epileptiform, and it was thought she had been improving for some time before this illness occurred.

The spasms occurred, generally, during sleep, and were so short that even the family seldom had a full opportunity of observing their commencement. Still, though she had been thus affected for four or five years, no evidence of impaired memory or any mental faculty, was evident. After convalescence had become established, I learned that the menses came on a few days before I was summoned, but were suspended after a few hours, in consequence, as she said, of her sitting down upon a cold floor while assisting in putting down a carpet. "Everything stopped suddenly." This circumstance, undoubtedly, was a principal cause of her sickness, or certainly, of the "nervous" phenomena. The pain and soreness of the limbs indicated a rheumatic condition, sometimes denominated muscular, and known, a few years ago, as rheumatalgia. The mottled hue noticed in the skin of the lower limbs, was suggestive of purpura, and I was reminded of this case, while reading, lately, in the *Compendium of Medical Science*, (Jan., 1874,) the details of a case given by Dr. Louis A. Duhring, of Philadelphia. Such may, perhaps, be properly classed with the "purpura febrilis simplex," of Wilson.

It is difficult, however, to give names to the different affections encountered in daily practice, and we must recognize pathological conditions, rather than any system of nomenclature which may be adopted.

The menses did not recur until about eight weeks after the time of attack; and it is proper to note, in this connection, that much of the sickness of young females, as well as those of riper years, is due to inattention during, and immediately preceding, the catamenial flow. American women are truly careless of their health. Some may attribute this to want of care on the part of mothers, but is it not true that mothers themselves are careless of their own health, and thus offer a bad example to their daughters? "Died of thin shoes and insufficient dressing," might be the verdict in thousands of cases all over our land. Women are too prone to walk the streets at all seasons, with a covering for the feet which no man, however unwise he may be in other respects, would think of wearing.

Case II. I visited with Dr. D. T. Boynton, a young man aged about thirty, of bilio-nervous temperament.

He had had, for some weeks, a fever attended with rheumatic pains in the knees, left shoulder and middle of the arm, but no noticeable pricking or numbness in the hand or fingers. His medical attendant stated that the pulse has not been over 100 more than two or three times. His bowels were irregular; urine red, but free, and, at times, copious.

His pulse was 100 when first counted, but soon diminished in frequency to 84. His tongue was slightly furred at the base, but from the middle to the tip it was of a bright red color, and smooth and moist in the whole extent. He suffered severely at night with pain in all the affected joints, as well as in the left side of the chest. He was somewhat thin in flesh, with rather an anxious countenance, and had taken iodide of potassium with bicarbonate of potassa laxatives, and deodorized tincture of opium. For a day or two he had also taken tincture of guiacum in small doses. I suggested the application of belladonna plaster to the cardiac region, if the pain should continue. The cardiac impulse had been considerably increased, but both sounds were distinct. The heart-beats were plainly audible as high as the second rib. There was no cardiac enlargement.

On the 13th of June, this young man was still unable to go out of doors, and suffered much from arthritic and muscular pains. His treatment had been palliative and expectant.

On the 15th, he was able to walk out without his crutches. In this case there was no syphilitic history, but at times the patient had been dissipated, and probably intemperate.

Case III. Irritative cough, with pleurodynia.

May 16, 1874. Miss——, of bilio-nervous temperament, possessed, generally, a good physical condition, but had suffered severely at times from dysmenorrhæa, with cough, which distressed her about five days ago, but which had not compelled a cessation from her daily duties.

On the 14th, she began to feel extreme soreness across the chest, attended with slight hoarseness. The morning before, she began to feel a severe pain in the left sub-axillary region, aggravated by pressure or motion, with the subsidence of the general chest soreness, which had yielded to some remedies directed to the chylopoetic function. On auscultation, it was found that no pleural or pulmonic affection existed. The pulse was normal in frequency and volume; no fever existed, and the case plainly appeared to be one of pleurodynia, or, more properly, a rheumatism of the intercostal muscles. I prescribed an application of aqua ammonia, spirits of camphor and olive oil, with one grain of sulphate of quinia, every four hours. Alternately with this I ordered one drachm of sweet spirits of nitre and half a drachm of syrup of ipecac, and a pill, to be taken at night, containing one grain of blue mass, two grains of compound extract of colocynth, and one-fourth of a grain of the extract of nux vomica. She was instructed to remain quiet in bed.

On the 18th there was some relief, but the pain in the side was still felt on taking a full breath, or turning quickly. A liniment was added to the treatment described.

On the 21st, the pain was much relieved, but some cough remained,

with sore throat. The pharyngeal mucous membrane was congested, and on each side white patches of ulceration were evident. I applied a strong solution of nitrate of silver by means of a sponge, and directed a gargle of carbolic acid, with quinine, iron and strychnine, internally, twice daily. Laxatives were employed for the bowels.

On the 1st of June, during the hot weather, the patient complained but little of the pain in her side. The soarness of the throat was rather persistent, but gave her little trouble. There has been, at times, severe cephalalgia, which readily yielded to ten-drop doses of the fluid extract of ergot, taken every two hours. No more than three doses were required at any one time to entirely relieve this symptom.

On the 12th, she complained of some pain and uneasiness in the side, which was attributable to a change in the weather.

By the 10th, there had been an unusual hot period for a week or more, especially during the first hours of the night, which rendered sleep difficult. After a series of showers for three days, a cool breeze sprang up from the north-west, which, while it was refreshing, endangered a relapse of rheumatic pains in those who had suffered during the spring months.

Rheumatism, although very prevalent in this locality during winter and spring, has been of much more frequent occurrence since January last.

The above cases are reported in illustration of the constitutional disturbance attending the disease. Cases I and III are those of persons whose surroundings were favorable to health; that is, necessity did not compel any undue exposure to cold or damp. The spring of 1873 was later than usual, but not more so than that of the present year. Among the colored population, and the poorer class of whites, there has been a prevalence of rheumatism and neuralgia, almost unprecedented in the history of this region.

Among adult females there has been an unusual suppression of the menses, induced by exposure to the wet and chilly weather. Two deaths occurred during the spring, of strong adult negroes, from cardiac disease following rheumatic attacks. One, a man over fifty years old, after complaining of pain in the knees and joints for some time, was suddenly attacked with pericarditis, followed by effusion. Anasarca soon succeeded, and the patient survived eleven days. The other lived but a few hours.

June, 1874.

EDITOR OF THE MEDICAL EXAMINER:

Dear Doctor: Will you please correct an important misprint, which occurs in your issue of July 15th, 1874, page 353, line 13? I am there made to state that a certain patient took one-half a grain of sulphate of strychnia three times a day, etc. It should have read, one twentieth of a grain.

I ask this correction for fear that some one, with more faith in drugs than judgment in their use, may be tempted to try this extraordinary dose.

Yours truly,

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A REPORT ON SOME OF THE CUTANEOUS DISEASES.

READ BEFORE THE MILITARY TRACT MEDICAL ASSOCIATION, JULY 14, 1874.
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MR. PRESIDENT AND GENTLEMEN OF THE MILITARY TRACT MEDICAL ASSOCIATION: To give you a full report on this branch of Practical Medicine would take a volume, and more than occupy the whole time allotted to the short sessions of our Society. And, consequently, I find it useless, and shall briefly call your attention at present to one class of diseases that have been sadly neglected by our profession. I allude to *diseases* of the *skin*. In fact, there is no class of diseases in the whole catalogue of medicine that is studied with less interest, and more abhorred by the student, with the exception of diseases of the eye, than cutaneous diseases. It seems that dermatologists, and teachers of ophthalmic medicine, in the embryonic stage of medicine, managed to place before their students the most perplexing and difficult nomenclature that could possibly be studied out; and this nomenclature, unlike the beautiful system of naming in chemistry, has been handed down to us moderns to puzzle our wearied brains over. Where is the medical student that can easily remember the diagnosis, or even the general symptoms of eczema, erythema, ecthyma and entozoa? And let me say to you (with humility) that there are few general practitioners that can readily give you the diagnosis between porrigo, impetigo, and psoriasis, or even prurigo, and scabies. And yet some of those belong to the class *squamous*, and some to the *pustular*, and one to the *animalcular*.

Some of our recent dermatologists, including Wilson, Neligan, etc., have done much to simplify our science by handing us plates of almost every skin disease, colored, and in atlas form; but this beautiful design is far below reality, and the practitioner, with the real disease and the photograph before his eyes, could hardly tell they were meant for the same. With these facts before us, shall we continue groping our way, not being able to diagnose, nor consequently treat our patient successfully? There is no class of diseases that will more readily bring reproach upon our beloved profession than the one we are now considering; for the trouble is not hidden as in ordinary diseases, but is plain to the sense of sight and feeling, and any unlearned person can easily see whether there is an improvement or not. The empyric rarely advertises that he is alone treating cutaneous affections. He prefers looking after more occult diseases that the public cannot so readily diagnose, by which he can deceive and draw his unearned money. Now, gentlemen, if you want to maintain the integrity and high standing of our profession, I would call you especially to look after this branch of medicine. I have felt my incompe-

tency often in treating skin diseases; not that I did not diagnose my cases usually correctly, but that when I did, I found that our remedies are often useless, and even sometimes aggravating. What will one time cure psoriasis, another time will utterly fail; what will at one time remove every vestige of porrigo, at another time seems to give life and vigor to the disease. With these assertions and facts before our eyes, look well to your cutaneous patients before giving a prognosis, and then give it very gradually. Some of those cutaneous diseases are really incurable so far as our science at present extends; but there are but few of them but what can be much ameliorated by a wise and judicious treatment. If we are thoroughly versed we can readily give our opinion to our patient, and thereby save him from much anxiety; for should we give a prognosis that he would be well in three months, and the disease continue six months or a year, it would not be likely that he would in future place much confidence in our medical judgment, and that our services would be entirely dispensed with. We humble ourselves and the profession enough by saying that the disease is stubborn and unyielding, and it may take weeks, months or years, and may be entirely incurable. But if we diagnose correctly, we can give just such an opinion, and it will prove in the end correct.

I beg to briefly call your attention to a few of the most common of this class of diseases. And first I will mention *pityriasis*. This is one of the *squamæ*, and is characterized by an abundant secretion of minute white shining scales, the patches occurring on all parts of the body and limb and varying in color from dark brow to a yellowish hue. Some author divide it into three or four varieties calling it *pityriasis rubra*, *pityriasi nigra*, and *pityriasis versicolor;* bu this division can be easily dispensed with, and the division brought dow to *pityriasis diffusa* or general pityri asis, and *local pityriasis* or *pityriasi capitis*. Wherever found this disease always has its peculiar diagnosti marks, and the dermatologist need no have much difficulty in his diagnosis It is characterized by itching an tingling; is not contagious; so you rarely see more than one patient in a family suffering from it. The constitution rarely suffers from it, although it is wont to run a very chronic course. It may occur on any part o the body, but I nave found it as general on the legs and arms as on the chest, or all around the thorax. The spots usually come out with a reddish appearance, with a burning tingling sensation, and in a few days fade to a yellow or dark stain, and then accompanied with its peculiar small scales. These continue from day to day, from week to week, and sometimes from year to year, being almost entirely unyielding to treatment. The above description is as you usually find it on the surface of the bare skin uncovered by hair. It is diagnosed from psoriasis by the fineness of the scales, and by the spots usually not being so large, and by its usually spreading so much more rapidly; by the great change in the color of the skin, and by its being rarely elevated above the surface, and also by its almost continued pruritus. It need not be confounded with eczema, nor ichthyosis; for any medical man giv-

ing skin diseases any attention at all could easily tell the difference. *Pityriasis capitis* might be more difficult to diagnose, for we frequently find it existing on the scalp, when there is not a vestige of it on any other part of the limbs or surface of the body. When it occurs on the scalp you will not find a sign of ill health. The patient's attention is called to the disease from its continued itching, unattended with any heat, burning, or redness of surface, and on examination we find a secretion of furfurraceous scales, called in common language *dandruff*. This itching with many persons is almost intolerable; the hair sometimes comes out and leaves the surface bare, and the hair becomes dry and crisp, and Dr. Neligan says baldness may result, but this is only temporary, except in old persons. I now have two patients under my care, one with general pityriasis, and the other from pityriasis capitis—the former only recently under treatment, and is on pil. hydrarg. and saline purgatives once every three or four days, and from twelve to fifteen drops of Donovan's solution. Locally I am using a wash of one-half drachm of carb. potass. to one pint of water every morning, and when dry, sulphur ointment on all the patches. As the disease involved the scalp, as well as the general surface, I had the hair cut short and the same applications made to it. The treatment has not been continued long enough to show the result. The other case has been under treatment for several months, and is entirely confined to the scalp; patient perfectly well every other way. I have only used local applications, and every remedy I use seems to relieve, but none seem to cure. She has been directed to use bichloride of mercury in a solution of from three to five grains to the ounce, carb. potass. wash, and various ointments containing calomel, camphor, glycerine, etc. Should the case continue I will place her on the arsenic treatment, and also sulphur or lead ointments, or, as Dr. Fraser recommends, a weak solution of tannin in glycerine. Last winter, I had a case in a man aged about forty-eight. I placed him on Donovan's solution and used as a local application aqua rosa combined with chloroform. This acted like a charm, and I only had to renew the treatment once until my patient was cured. While this case yielded so readily, my other cases had not been so fortunate.

Your attention is called, secondly, to another disease, classified among the *squamæ*, and of equally frequent occurrence as pityriasis, which is as difficult of treatment and perfect cure. I refer to *psoriasis*. The outlines and general appearance of psoriasis are so well marked that no physician making any pretense to the understanding of cutaneous diseases need err in a diagnosis. There is but one disease that the uneducated physician or student would at all be likely to confound with it, and that is the one just passed over. Psoriasis in common language is called dry tetter—*dry scale*. And many women will call to see you and say they have *salt rheum* on their hands and fingers; this latter is only a variety of psoriasis, but yet it comes under that head. As most commonly seen on the limbs and body you will find irregular spots, varying in size and shape, and covered with scales of a bright and shin-

ing appearance, and about the size of a bean. The spots are depressed in the centre, but elevated at the edges. But as the disease advances these spots coalesce and become confluent, and run into one mass of scales, and then the usual redness that is seen in its formative stage disappears. We now have patches varying in size of a dollar to a whole surface of one or both legs. Or, instead of a limb being occupied by it, you may find a patch of the size of the palm of the hand on the shoulder, another on the arm, and so scattered all over the cutaneous surface. The diagnosis of psoriasis, as I before remarked, is comparatively easy, for the surface is covered with scales, and it is rare, if ever, you find any oozing of a serous or sero-purulent discharge as you find in eczema, herpes, or lichen, and there is not that itching and burning that you find in any of those diseases. It stands prominent as a squamous or scaly disease, and I cannot fix your minds more permanently upon it than by telling you that in my early practice I was called to see a man, aged about forty or forty-five, who informed me he was suffering under an incurable disease, and had been treated by a number of English physicians, none of whom had benefited him in the least. The disease was principally upon his legs—and before exhibiting them to me, I must tell you he was in his parlor, but in this parlor his young stock of poultry were not excluded, but were commoners over the whole house. On rolling up his pants and gently rubbing the surface the scales fell like flakes of fine snow. The chickens seeing them, ran for the coveted prize, and devoured them as if they were the most choice morsels. This case was immediately placed on saline laxatives; good diet; Fowler's solution in ten-drop doses three times a day, the surface to be well cleansed and the *ung. picis liquidæ* applied every night. This treatment acted charmingly, and I had the satisfaction of believing my patient cured. I knew him several years after and never heard of a relapse. As a general rule I think this treatment is a good one, and if sufficiently persisted in, will wholly effect a permanent cure. But when psoriasis occurs alone on the palms of the hands, on the fingers, on the nails, and between the fingers, it seems to be an entire different disease, and I don't know the correct classification; for if we are fortunate enough to cure it on the hands it is almost certain to return the next winter. Sometimes I cure this *psoriasis palmaris* with an ointment of ammoniated mercury; sometimes with ung. hydrarg. nit.—tinct. iodine—and I have found one drachm of sul. acid to one or two ounces of water occasionally applied very beneficial. The hands should not be placed in water often. One case confined entirely to the fingers I removed entirely by bandaging and applying cold water; the treatment was continued several weeks, but I think there was no relapse.

My report must necessarily be brief. So I leave *psoriasis* and call your attention to *sycosis* or *mentagra*, so called from its being wholly on the chin. It is a disease of a parasitic vegetable production, always occurring on the parts of the face where the beard grows, and seeming to commence at the roots of the beard with round papular elevations, with a dry grayish scurf. This continues until

scabs form; the surface becomes rough, uneven, and the appearance becomes hideous; the scabs loosen; then we have blood and sanious pus, and when the parts heal it leaves reddish stains; when these scabs have loosened, in a brief time the surface again becomes rough, and a repetition of maturation and decline is the result; and so the disease, without proper remedial measures, will continue from month to month and from year to year. *Sycosis* is decidedly a contagious disease, but fortunately women are exempt, for they are not troubled with that hirsute appendage so much admired by them in the opposite sex. I think nearly, if not quite all cases, are produced by persons frequenting barber shops, and being shaved by razors having been used on persons contaminated with this loathsome and horrid malady. The *diagnosis* is not difficult. I cannot see how any intelligent physician can err if he gives the necessary attention to his patient. He may mistake it for syphilitic eruptions, but these he will not find confined to the chin and parts covered with beard. And there is not the copper-color and elevated edges that are found in syphilitic eruptions. It certainly cannot be mistaken for empetigo or ecthyma, and even should it be, the treatment would not materially differ. But a grave error would be committed in the former case, for syphilitic troubles should have the prompt advantage of mercurials. I have rarely found much difficulty in treating *sycosis*. The patient is usually suffering under some derangement of the digestive organs. And in one or two instances in my practice young men have came to me, having a hypochondriac appearance, seeming as if they were on the verge of mental derangement. In such cases I always find torpidity of the liver and other chylopoetic viscera, strongly demanding a combination of mild mercurials, pulv. rhei., and the usual vegetable tonics. The bowels should be moved once or twice a day by such laxatives, and the tonic given at least three times a day before every meal. Under this treatment, with a judicious regimen, you will find your patient's general health very much improved in a week or ten days, and then I place him on Donovan's solution, in from ten to eighteen drops after every meal, and thus continue him for months if necessary. I have rarely found it necessary to use a variety of local applications. The one that I usually prefer is an ointment composed of simple cerate, calomel, acetate of lead, and chloroform. This should be applied once or twice a day, and before making the application the chin and face should be gently sponged over with milk and water, or a mild solution of acetate of lead. The razor should not be allowed to touch the face during the treatment, for it would aggravate the healing process which may be established by our remedies, and all soaps and irritating cosmetics should be sedulously avoided. How very necessary it is to understand the pathology and treatment of such a repulsive disease in its infancy; for we are told that sometimes it becomes irremediable. And I cannot but feel happy, that with all the repulsiveness, hideousness, pain and general distress that our patients suffer under, we have remedies that, if judiciously applied, will remove every trace of this loathsome malady. As *sycoris* is

very liable to return after every vestige of the disease is removed, we should not relax our treatment too hastily, but continue the treatment for a month or two after it has apparently all been eradicated from the system.

My duty is not done in this case until I urge upon every member of our Society the importance of guarding the inexperienced who frequent the barber's shop not to be shaved with contaminated razors. And the the barber who thus inoculates his patron should be held responsible for all the suffering brought upon him. When sycosis has been permitted to continue for a great length of time the patient loses his beard in spots, never to be regained; and these lost patches are also partially changed in color, giving the countenance a very peculiar and homely appearance.

Having given you the outlines of *psoriasis* and *sycosis*, I now hastily direct your attention to a disease that is of not unfrequent occurrence. I refer you to *porrigo*. *Porrigo*, also called in common language *scald-head*, and by the profession *tinea capitis*, is one of the grave cutaneous diseases, for its duration is of indefinite time. Probably no disease affecting the cutaneous surface causes more alarm among the mothers of the affected children than *porrigo*. Tell the mother that her child has *scald-head*, and she is frantic; for the public have learned just enough to know that it is stubborn to our remedies, if not in some instances incurable. But, gentlemen, I take no such unfavorable view, but claim that nearly every case is amenable to a very simple treatment if persistently applied. Porrigo is easily diagnosed, but let me say that it is not entirely confined to the hairy scalp, but you not unfrequently find it making its appearance on the neck, and down on the back. It is usually developed in small elevated dry spots, which grow larger and larger, and coalescing, run into a crust, and then into irregular masses, spreading all over the scalp, forehead, down the neck, and sometimes down over the trunk, the whole parts being covered in one honey-comb-like yellow mass of disease. The color is yellowish, and the scabs hard and dry; they break up in a meal-like substance, but when removed they usually bleed, and leave a sore surface beneath. The hair becomes diseased, short and crisp; much of it falls out, leaving a straggling one here and there; bald spots are not unfrequent, and this baldness usually remains permanent. It is truly pitiable to look upon the disgusting little object before us when in this condition; but when we feel a confidence that remedies, if properly applied, will cure, then it is we take courage, and feel that our mission as members of the healing art is of much value. Porrigo, I said, was not difficult of diagnosis, but it may be mistaken for *herpes capitis*, but this would not be a serious error, for the same treatment would cure either one. I have been in the habit of treating porrigo with two or three kinds of external remedies, and always, if persistently continued, have I been richly rewarded with a cure. My internal remedies have always been the same. Locally, I order the hair to be cut as short as it possibly can be, and kept in this condition throughout the long continued treatment. If the head is covered with crusts, order linseed meal

poultice to be kept on during the the night. Next morning remove the poultice and wash the head with a solution of carb. pot., one teaspoonful to one pint of soft water; then apply freely *ung. picis liquidæ*, and continue this treatment every day or every other day for several months. If upon thorough trial I find my treatment not succeeding, I change and wash the head with castile soap and soft water every third day; then apply a solution of twenty or thirty grains to the ounce of nitrate of silver. Either of these local treatments, if persistently carried out, will reward you with a cure. I omitted to say, that after the application of the silver solution, when the surface becomes dry, that I have the nurse apply the *ung. hydrarg. nitratis.*

Porrigo, when of long duration, leads to serious ill health, and I have frequently seen my little patients come to me with a vacant, idiotic stare, showing that the brain and general nervous system was seriously affected, leading to a state of almost, if not quite, dementia. This being the true state of the system, a constitutional treatment is imperatively demanded, and I place my patient on mild alteratives, tonics, etc., to invigorate the system, and, amongst these remedies, I know of none better than iodide of arsenic in from one-tenth to one-twelfth grain doses to a child ten or twelve years old, and proportionately less for younger persons. Or, instead of the iodide of arsenic, I believe Donovan's solution in drops from four to ten is of equal value. Should the bowels become torpid give hydrarg. cumereta with small doses of pulverized rheum and magnesia.

Porrigo is of a *mycelium* or *vegetable fungus* origin, and only wants the right kind of soil to develop itself in and grow prolifically; and if any of the particles of fungi are transmitted to the right soil, contagion by inoculation is the result. Young people, especially children under ten or twelve years of age, are the persons usually affected, but older children, and even adults, have been known to contract the disease. The most assiduous care should be taken in schools, and places where children congregate, to prevent any source of contagion. Children should never use the same comb, towel, wash-basin, bonnet, hat, or any other thing worn by the diseased, for infection is almost sure to follow. Neither should children of the same household be permitted to sleep in the same bed or lounge, for the *fungi* or *mycelium* left on the pillow would readily communicate the disease to the ones thus exposed.

For fear of making my paper too long, I lastly call your attention to *herpes.* Herpetic eruptions occur so frequently and under such a variety of forms that it requires quite a dermatologist to keep trace of them—so named by the ancients from *serpo, I creep.* The general features of herpes, no matter where occurring, have certain outlines that can easily be distinguished, with the exception of *herpes capitis.* This latter bears such a close resemblance to *porrigo scutulata*, that I must say few physicians would commit much of an error in pronouncing the disease the same; yet the circular-like form of herpes capitis would be a good diagnostic mark. You will diagnose this disease by its making its appearance in from twelve to twenty-four hours

from the time the first symptoms make their appearance in the cutaneous surface; patient feels a burning and tingling sensation in the parts to become the foci of irritation; the surface becomes red and inflamed, and then on this red surface the eruption of minute vesicles appear, and rapidly grow to the size of *bullæ*, especially in the variety called *herpes zoster*. *Herpes* occurs in so many places on the surface that it has received the names of the particular locality — thus *herpes labialis*, herpes preputialis, herpes capitis, etc. But for practical purposes it is enough to divide it into three varieties, viz.: H. phlyctenodes, H. zoster and H. circinatus. The first variety, *herpes phlyctenodes*, may occur on any part of the cutaneous surface, and usually, in twenty-four hours from the time of the burning and tingling sensation, the eruption makes its appearance, and the vesicles on the inflamed surface rapidly grow and sometimes become as large as a small pea, though the majority of them usually remain small; the patches vary in size from a shilling or half-dollar to patches the size of the palm of the hand; in three or four days the vesicles break, having a sero-purulent matter in them; these form crusts and scabs, which fall off, and a new set again appears to run through the same stage. In these cases the system is usually deranged, loss of appetite, foul tongue, aching of the bones, etc. I give a dose or two of hydrarg. chlorid. mite or comp. c. pills, with some vegetable tonic, and paint over the diseased spots tinct. iodine, to be followed by ung. hydrarg. nitratis. This treatment alone in this variety will usually effect a cure in eight or ten days. For herpes occurring on the lips, wash with solution of sul. zinc in rose water, and apply ung. calaminæ. For herpes preputialis, keep the parts thoroughly cleansed and wash with black or yellow wash. And be sure your patient hasn't got *chancre*, for this would be a serious error. The diagnosis is plain and any learned physician should be able to make it.

The next variety is *herpes circinatus* or ring worm. The diagnosis is easy, and the mild variety is usually of not more than twelve or fourteen days' duration; it mostly occurs on the neck, cheeks or face, but may occur any place. For years I have treated this variety with a saturated solution of sodæ boras in diluted acetic acid. This will remove it in nearly every instance, without any constitutional treatment. When it fails, tinct. iodine is usually all that is required.

The variety (if such it be) called herpes capitis, so much resembles porrigo that they are frequently blended and treated for the same disease. They are distinguished by the former being more circular, and the crusts not being so hard and friable, but both are stubborn and unyielding to treatment; but I have always found them to yield finally under the treatment laid down under the head of *porrigo scutulata*.

The last general variety I shall notice is *herpes zoster* or *shingles*. This type of the disease is supposed to originate from some perversion or lesion of the nervous system. It always occurs on the side of the thorax or abdomen, and occasionally you will find groups of it on the neck, and rarely ever down on the thigh. It comes on, as other varieties of this disease, with symptoms usually more

aggravated—heat, burning, pricking sensation, with redness where the spots are going to appear; and in twenty-four hours or less you will find groups or patches appearing distinct from each other, vesicular in form, rapidly running into *bullæ*, frequently many of them as large as a small pea, much resembling the appearance of small vesicles produced by emp. cantharidis before the blister is perfectly formed. It is astonishing, sometimes, the amount of constitutional disturbance the formative stage of this disturbance will set up. We not unfrequently have chills, fever, nausea, vomiting, biliary derangement, etc., with severe neuralgic pain, connected with burning, loss of sleep, etc. And even after the external disease is entirely removed, the severe burning and pain, with some persons, will continue for months, and sometimes years. This shows conclusively and certainly that the sentient portion of the nerves is seriously implicated. It is useless to spend time in describing this disease more minutely. Some eighteen or twenty years ago, when collodion was first discovered and brought prominently before the profession, it occurred to me that this was just the remedy for *shingles*, and I resolved the first case I had to give it a trial. Very soon the case came, and I used it *plentifully* and *successfully*, and with entire satisfaction. In fact, I must say it acted *charmingly*. Every case since that time has been thus treated by me, and always with success. If there is a specific in any disease, it is certainly collodion painted all over the eruption once or twice a day. I have never known it to fail in checking it and drying up the eruption. Sometimes it is necessary to heal up the ulceration left after the drying up of the *vesicles* and *bullæ* by a weak lead wash, and *ung. calaminæ*. Of course a mild alterative treatment is certainly demanded. I was so pleased with the treatment at the time, that I wrote an article for one of the Chicago Medical journals, and it was duly published; and I am now, gentlemen, happy to reiterate what I then wrote, and thereby corroborate my former experience.

Finally, let me say that no medical college could do a better thing for the general public, for their alumni, and pecuniarily for themselves, than to have wax casts of all cutaneous diseases in their museums, and a special chair established on dermatology. All the efforts made by Wilson, Neligan, and a host of others to have plates engraved to correspond with the real disease have sadly failed; but wax casts are immediately recognized. On visiting the museum of the New Orleans Medical College a few years ago, and seeing a cast of sycosis, I was perfectly struck with the *fac simile;* and any medical student would readily read the real from the cast.

Translations.

ON THE CREMATION OF THE DEAD.

From La Gazette Medic. de Paris, May 23, 1874.

MODERN science, in the name of public hygiene, proposes to revive the ancient practice of cremation of the dead, and sets forth excellent reasons for such a cause. These are: the prevention of injury to the living by the inhumation of corpses, and the rendering of soil, air and subterraneous water, as exempt as possible from pestilential germs.

It has been long proven that the terrestrial crust is porous; but the fact is not generally known that earth, sand, dust and pebbles, present interstices of such dimension, that the sum total of air and water which they contain, is almost equivalent to half their volume. This will seem the less surprising, if it be considered that even the densest substances, such as glass and porcelain, are easily penetrated by aqueous and aerial fluids. Thirty years ago, Brongniart discovered that porcelain was an unsuitable material for air thermometers, intended to register furnace temperatures. More recently, Salvetot has reported that enamelled porcelain was penetrable by color solutions, having an aniline composition. Still later, it was observed that the ordinary window glass of a Leipzig hospital, built several years ago, was permeable to water and air. The kitchen of this hospital was located in the basement, and protected against sudden changes of temperature, by strong double windows. The engineer of the establishment, on a warm day in August, carefully cemented the double rows of glass in these windows, which were separated from each other to the extent of about half an inch. To-day the cement has produced such perfect union, that, even with a lens, no interstice can be discovered, and yet water is interposed between the glass plates, to the extent of one-half of their elevation. Whence came it? Assuredly not through the fissures or cracks, for then it would have escaped by evaporation or filtering through the same passages. It is through the pores of the glass, exposed to the kitchen and slightly dilated by the warm air of that apartment, that the water has penetrated. Subsequently it has become condensed by coming into contact with the external parallel glass plates. Precisely such an event occurs upon the walls and ceilings of apartments which are chilled by outdoor air.

If, then, apparently impermeable bodies, such as porcelain and glass, are capable of being traversed by water and air, it is the less surprising that the terrestrial crust should be found to exhibit a greater porosity, and be capable of conducting to the living, by innumerable canals, the

deleterious gases emanating from bodies in a stage of decomposition. But, it may be asked, why are those not fatally affected, who, in consequence of the nature of their employment, are compelled to live in a medium which contains putrefying germs? First, it may be responded that, for the most part, they are like the brewers and butchers, who are provided with a free circulation of air in their establishments; and, second, that it is only of late that we have been able to detect the parasites that produce fatal disease, such as those engendered by decomposing substances among the wool-carders and brush manufacturers.

Irrefragable evidence of the mortality induced by cadaveric decomposition, is furnished by the fate of the conquerors of Hannibal. They paid with their lives, under the walls of Syracuse, for the sacrilegious insult offered to the besieged, when they profaned the tombs of their enemies, and scattered their contents over the plains. Quite as conclusive was the typhus endemic of the last century, occasioned by the exhumation of numerous cadavers at Riom, in Auvergne, and it was only thirty years ago that the dead were disinterred, which had been temporarily buried there. Years after, the soil of the ground which had served them for a cemetery, exhaled a disagreeable odor in humid weather. Riecke, in his work *On the Effects of Putrefaction*, to-day a classic, but almost forgotten book, relates a very instructive incident. In the village of Wurtemberg, a common school had been built, as an economic procedure, upon a deserted burial ground. When the winter arrived, the heat of the halls withdrew the air from the soil, and, soon after, masters and scholars being alike stricken down in consequenee of the pestilential emanations, it was found necessary to abandon the situation.

But that which demonstrates more fully than the air, the dangerous character of decomposing substances, is the subterranean water which we drink and bring to the surface by the aid of pumps. Wells are often carelessly dug without taking any precautions, and the water into which the pipe of the instrument is plunged, is consumed without anxiety. Such water may flow from a focus of infection,—perchance from contact with dead animal tissues—no one knows. It is rare that trustworthy information can be had on this point, for the direction of subterranean currents is unknown, except in the rare instances where sub-soil measurements have been made, as to the depth or height of the sea-water, which is to be found everywhere. Now, subterranean water is a vehicle as capable of transporting matter as the water of rivers or rivulets. There are abundant proofs of this. Pettenkofer discovered ammonia in subterranean water forty feet from the gas manufactory, where it was produced. In the last remarkable report of the Faculty of Medicine of Saxe, Reinhard relates that nine large, and several smaller victims of the cattle-plague, were interred at Dresden, at a depth of ten or twelve feet. It was found, the next year, that the water from a well, situate one hundred feet from the pit in which they were buried, had a fetid odor, and contained butyrate of lime. At a distance of twenty feet, it had the disgusting taste of butyric acid, and each quart contained about thirty

grains of this substance. The bodies were subsequently disinterred and burned. Foerster, in his studies upon cholera, at Sondershausen, published last year, gives examples of the distance to which impure matter may be transported by subterranean currents. Shortly after the erection of the gas works at that place, well-water, at a distance from them of more than 2,000 feet, had the taste and odor of gas, qualities which were retained until, by repairs, the waste of gas was prevented.

In the face of these results at these distances, of what use are regulations tending to isolate the cities of the dead from the cities of the living? What security is offered by the so-called "protective distance," which is, in Italy, but little more than one hundred yards, and double that in Austria and France? The Hygienic Council, summoned at Brussels in 1852, decided that a distance of four hundred yards was protective, but it has been proven that the radius of danger may extend five hundred feet further. No one can certainly say that putrid material cannot be transported by subterranean water to such a distance, and even, in certain cases, beyond that; and, surely no one could imbibe such water with impunity.

The sole remedy, then, for this evil, is to make sure that the soil contains the fewest possible elements of impurity. This precaution is, above all, essential in cities. In those large centres, where there is a dense population, human industry has, thus far, hardly commenced to learn how to utilize accumulations of fetid material, and public authorities, even with the best of intention, cannot do justice to the claims made upon them. Public hygiene becomes daily more urgent in its demands. It is under the necessity of searching for all methods, by which to satisfy them, and one of these, undoubtedly, is the cremation of dead bodies.

Inhumation and cremation do not essentially differ. In both, the atoms of bodies combine with oxygen and air; in both, the final products of decomposition are carbonic acid, water and ash. But, in the first case, several years and the intervention of other agents are requisite: and here lies the danger to the living, which science must put away.

The technical result to be obtained is the resolution, as speedily as possible, of the organic substance of bodies, into the final and inoffensive products of combustion, and to avoid all intermediate reactions which offend the nostril and injure the health. On the other hand, there are humanitarian considerations of importance. The procedure should produce no disagreeable impressions upon survivors, and should accord with that reverent respect due to the mortal remains of those who were dear to us in life. Let us examine the method by which these ends are to be attained:

Pyre cremation will not suffice: since the burning of the Dresden animals in 1871,—referred to above—which was accomplished under the surveillance of competent authorities, required thirty-six hours in one instance, and twenty-four in another—the materials used having been fagots of wood and bundles of straw saturated with tar. At the close of the operation, the bodies were not completely reduced to cinders, but merely

carbonized. This was all that was accomplished. The quantity of wood consumed was not stated.

To burn the corpse of a beloved relative during the hours of an entire day, and then to discover, after no little expense has been incurred, that the remains are only converted into charcoal, cannot be a pleasant experience. The funeral pyre will surely not suffice.

A more acceptable device is suggested by Dr. G. Polli, of Milan—"the gas-pyre." The body, in this arrangement, is introduced into a cylindrical cage made of large wire, placed upon a metal basin, and covered with a thin layer of calcined clay, a portion being spread over the superior surface of the body, and a portion resting upon the plate beneath. Between this envelope and the bars of the cage, two or three parallel circular tubes are disposed horizontally, one above the other. Numberless jets of flame escape from the latter which are supplied with air through apertures made in the edge of the basin. The attendance of the friends of the deceased upon such a cremation, would not be more distressing than at an ordinary burial; but the inventor acknowledges that other senses than that of vision are liable to be affected during the operation, and this fact alone should condemn his procedure.

Brunette, Professor of Anatomy at Padua, prefers the pyre, which he surrounds with walls. The cadaver is then placed upon an apparatus of iron, furnished with two oblong covers of cylindrical shape, which completely enclose the body, and prevent the dispersion of the flames, which are, however, permitted to escape through a longitudinal fenestra made in each cover. According to Brunette, the carbonization of the corpse is accomplished in two hours and a half; it is then reduced to fragments, and submitted to the same action for two additional hours, when white cinders are obtained.

The bones which were exhibited at the Vienna exposition were white, but their fracture was sharp and smooth. From a man weighing ninety pounds, only a little more than four pounds of ash was obtained, after the consumption of 160 pounds of wood. Brunette, therefore, should be credited with having experimentally demonstrated that the cremation of bodies is possible without incurring an inordinate expense. But the actual practice of this operation, and especially the necessity it involves of reducing the carbonized body to fragments, would be repulsive to the feelings of families who might make use of it.

Professor Gorini, of Lodi, operates differently. He first fuses a substance, whose composition is secret, and then immerses the body in the flames of the ignited and boiling liquid. In a work which was published but a few days ago (*Cremation Viewed as a Rational Method, by which to Discharge our Final Duties to the Dead. Zurich: Cæsar Schmidt*), Wegmann Ercolani translates the account of an Italian who witnessed this procedure. We select, for reproduction, the following passage: "Gorini, as soon as the liquid was in ebullition, seized a leg, a foot, a hand, a thigh, and, finally, the head of a human body, extended upon the earth. Each of these parts, as soon as it came into contact with the boiling liquid,

burned with a brilliant flame, and, at the end of a brief time, was completely destroyed. The gas and smoke which escaped from the crucible were soon lost in the surrounding atmosphere, and, while the decomposition rapidly progressed, the assistants were unable to detect the slightest odor." This entire mass, therefore, which represented at least the quarter of a cadaver, was burned without noise or odor in an iron crucible, and within a closed laboratory. The account is silent respecting the duration of the cremation and the quantity of the cinders. The results stated, if they be confirmed, indicate that the procedure is well worth recommendation, on account of its simplicity. But while the composition of the liquid employed remains a mystery, it will be impossible to decide as to its merits. We must search for a still different process.

To me, the most satisfactory solution of the problem is the process by *regenerative heat*, to which my attention was first attracted at the universal exposition of 1867, and whose admirable results I have noted in several laboratories. Of all methods, this provides for the most elevated temperature and the greatest decency; that, too, in a space which, while it is sufficient for the emergency, is smaller than that requisite in the other procedures.

In the regenerative system, invented by C. W. and Fr. Siemens, the calefaction is produced by illuminating gas, and requires three distinct agents: a generator, a regenerator, and a chamber, where a given object is submitted to a high temperature, disintegrated and burned. The generator consists of a species of brick oven, in which peat, wood, or charcoal is laid upon a grate and burned. The access of air is limited so as to produce a gas, which is generally a mixture of oxyd of carbon, nitrogen and carburetted hydrogen. This escapes from the generator at a temperature of 150 to 200° C., and then enters the regenerator. The latter is a cube-shaped compartment, with external walls of hard stone, and an interior, crossed by horizontal and vertical walls, arranged in the figure of a grating. This internal masonry becomes highly heated by contact with the combustible gas, which finally enters the combustion-chamber, whence it escapes by a lofty chimney. By the side of this combustion-chamber, a second regenerator is fixed, with grated masonry similar to the first, through which the super-heated air passes to the chimney, and whither the combustible gases are introduced at will, as soon as the first regenerator has attained a red heat. Finally, the air and gases raised to a white heat are introduced into the combustion-chamber, either separately or together, where, by renewing the circulation, they double the heat of the stones, adding to it that of the flame, and occasion an indefinite elevation of temperature. This process is the most expeditious known to me. The opinion of those whom I have consulted in the matter is in accord with my own.

I have had the good fortune to secure the services of two gentlemen who have taken an active interest in this question, and who, with great kindness, have offered me their assistance. M. Steinmann, of Dresden, author of an instructive work on "the Regenerative Process, and the Mode

of its Employment," constructed for me, in September, of 1873, an apartment for the dead immediately above the combustion-chamber, from which the bodies are lowered for consumption by the super-heated gases. M. Fr. Siemens, also of Dresden,* improved this new arrangement in December, of 1873, by contriving a more perfect closure of the combustion-chamber. He thought he should also be able to dispense with one of the regenerators. These are not, however, all the improvements which will be supplied; and, were the principle of the process adopted in practice, I should myself propose certain modifications of its details.

Of all modes of cremation, this is the simplest and most satisfactory to the bereaved. Before the friends of the deceased assemble, the body is lowered, with or without coffin, into a confined and empty space, destitute of any other contents. The corpse comes in contact only with air raised to a white heat, whose oxygen at once combines with the atoms of the organic tissue. It burns odorless in this ardent medium, as a candle is consumed without odor in the open air. The ash alone remains, unmingled with any foreign body. The combustion is so perfect that, up to the present time, I have never been able to discover in the return chimney, the pressure of vapor or smoke. Heated air alone escapes.

We propose to publish more fully, at a later date, the results of the experiments which we are together conducting. Thus far, the figures representing the duration of the operation, and the attendant expense, must be accepted with a certain reserve; but one thing is assured, and that is, that the problem which medical science proposes can be solved, if we persevere. The method which I advocate reduces the body with great promptness to an inoffensive residuum, does away with all disagreable impressions upon the bereaved, and accords perfectly with that respect which relatives and friends entertain for the precious remains of those for whom they mourn.

J. N. H.

* Herr Freidrich Siemens has constructed furnaces for combustion of bodies, according to the process described above, which have been tested with satisfactory results since the publication of this article in the *Gazette*. The cost is estimated at $1,250.00, and the time requisite for the cremation of a human body, one hour. On the 3d of June last, two hundred weights of animal tissue were consumed in one hour and a half, and reduced to to white ashes without sound or smell, at an expense of about 75 cents.

Dr. E. S. Gaillard has started a new journal entitled *The American Medical Weekly*. *The Northwestern Medical Journal* has been discontinued.

The Council of the British Medical Association has decided in favor of a grant of two hundred pounds to be spent in original researches.

Lactation Late in Life (*Atlanta Med. and Surg. Journal*, July, 1874). —Dr. T. S. Hopkins reports two cases of the return of the functions of the mammary glands after a cessation of seventeen and eighteen years. Both women suckled their grandchildren, one of them being over sixty years of age at the time.

Society Reports.

A SHORT SYNOPSIS OF THE LAST ANNUAL MEETING OF THE MILITARY TRACT MEDICAL ASSOCIATION.

THE 8th annual meeting of the Military Tract Medical Association convened pursuant to adjournment at Kewanee, July 14th. The meeting was held in the Presbyterian church. Although hardly the usual number of members were present, the reports from the several committees were full, and the time did not permit all the papers to be read. The valedictory address of M. A. McClelland, of Knoxville, the retiring President, "Medicine—Past and Present," was distributed among the Association in pamphlet form. Wm. Hamilton, of Galesburg, was elected President for the ensuing year; A. C. Babcock, of Galva, and J. F. McCutcheon, of Norwood, as first and second Vice Presidents; Herbert Judd, of Galesburg, as Secretary and Treasurer. Dr. Nance, of Kewanee, presented several cases under surgical treatment, and also read a paper upon skin diseases. This paper was accepted with a vote of thanks from the Association, and referred for publication.

Dr. McCutcheon gave a written and verbal report of cases under treatment. For the want of time this report did not receive the discussion it seemed to require.

Dr. Scott, of Galesburg, sent a report as Chairman of the Committee on Obstetrics and Diseases of Women. This paper, read by the Secretary, was received by a vote of thanks. Accompanying Dr. Scott's paper was a report sent him of the Scalf case, prepared by Dr. J. T. Stewart, of Peoria. This report was very much to the favor of Dr. Lucas, the attending physician in this case, and was also written in a manner to criminate Dr. Skinner, of Peoria, the consulting physician in this case. The paper from Dr. Stewart was read by the Secretary, and as the members present wished to see fair play, Dr. Skinner, who was present, was requested to give his statement of the case, at the close of which, after a lengthy discussion, the following resolution was adopted:

WHEREAS, A report on Obstetrics and Diseases of Women has been sent into our Society, to be read by one of our number, and at the close of said report an attempt has been made to make public a case not within the jurisdiction of our Society relating to this branch of medicine; therefore, We, the members of the Military Tract Medical Association, assembled at Kewanee, this 14th day of July, 1874, do most seriously deplore the course taken by a number of our profession of Peoria in sending such statements to the Chairman of Committee on Obstetrics, and we hereby request of said Chairman an explanation of the reasons which prompted his action in the premises.

Prof. A. D. Williams, of St. Louis, who had been invited to be present by Dr. L. S. Lambert, of Galesburg, was made an honorary member of the Association. Also, at the request of

the Association, Prof. Williams gave a short report from his branch of the profession, and also gave the history of a few cases. This report was received by the Association with a vote of thanks and referred for publication.

Other reports which had been prepared were not presented, for want of time.

After the appointment of the several committees to report at the January meeting, and the usual miscellaneous business, the Association adjourned, to meet at Galva on the second Tuesday in January next.

At the next meeting of this Association action will be taken to have but one meeting each year, with two or more days session. This Association has over one hundred active members, and one day is too short a time to meet the present requirements.

CHICAGO MEDICAL SOCIETY.

REGULAR SEMI-MONTHLY MEETING, JULY 20, 1874.

Reported by Will. T. Montgomery, M.D.

THE Society met as usual in the parlor of the Galt House, the President in the chair. In the absence of the Secretary, Dr. Graham was elected Secretary *pro tem.*

Dr. A. B. Strong read a paper on the Pulsation of the Fœtal Heart, Dr. D. A. K. Steele presenting a supplementary report. On motion, it was agreed that both papers be published in full in the report of the Society.

Dr. C. M. Fitch said he had made eleven examinations with a view to determine sex, and that he had predicted correctly in nine cases. When the pulsations were over 140 per minute, he predicted the birth of a female child; when under 130, that of a male infant. A rate between these numbers he concluded insufficient as a basis upon which to form a conclusion. He thought a stethoscope with a metallic bell preferable in these examinations. Dr. Paoli could not see any practical importance in determining the sex of the fœtus. He was not aware that the sex made any difference with regard to preparing clothing, etc. He could see how it might be of importance to crowned heads to know the sex before birth, in that they might be prepared to celebrate the birth of prince or princess, as the case might be. Dr. Bridge said that while the determining of sex may not be of practical importance, the facts which may be gained in reference to the health and presentation of the child and the condition of the placenta are of much importance.

Dr. T. D. Fitch—We may very well say that these investigations are of no practical interest, but they are of much scientific interest. He did not think it practically important to determine before birth the condition of the child or placenta, as the physician should be prepared for any emergency that might arise.

Dr. Seely—It may not be necessary to determine the sex before

birth, but if we are able to do this we may thus gain the confidence of our patient, which is often an acquisition of great importance.

Dr. Montgomery had made examinations in a number of cases with reference to determining sex, and was generally correct in predicting the birth of a female child when the pulsations were over 130, and that of a male child when they were under 130.

Dr. Strong said that in the first eight cases which he had examined he was correct in predicting the sex, and he thought a greater number of cases were required if we wished to aim at conclusions of value. He referred to a case of contracted pelvis, reported by Dr. Wilson, in which the determining of sex in utero was of practical importance. Dr. Steele thought the determining of sex in utero might be of value in a medico-legal point of view.

Dr. Van Buren wished to know if there is any truth in the theory that gestations of mothers carrying male children are longer than those carrying female? He also wished to know what effect protracted labors have upon the fœtal pulsations? Dr. C. M. Fitch had seen a child delivered after a protracted labor of forty hours. The child proved to be idiotic and he thought this was the result of the long continued pressure. Dr. Stillians had seen a similar case, and thought the injurious effect of continued pressure was an argument against the use of ergot. Dr. T. D. Fitch said, in reference to the length of gestations, he had observed that those of mothers carrying male children were longest, and if gestation was prolonged beyond term he was generally correct in predicting the birth of a boy. Dr. Quine did not know that much reliance could be placed on the duration of gestation. He had made a number of observations in reference to determining sex by auscultation, and had usually been correct. The position could not be so readily determined by this as by external manipulations. He thought inflammation of the placenta could be ascertained by repeated auscultations.

Dr. Bartlett—An exceedingly slow pulse, as low as seventy or eighty, is very unfavorable to the child, and when it is observed, delivery should be effected as soon as possible. He had been summoned within the last week to attend a lady five miles distant, and when he arrived at the house he learned that she merely desired information as to the sex of her future child.

Dr. Foster did not believe the duration of gestation was a decided indication as to sex. He had recently attended a lady on the 285th day of gestation and delivered her of a female infant.

Dr. Bridge gave an explanation of the marked influence the contractions of the uterus exert over the fœtal pulsations. He thought the great diminution in the number of pulsations at the moment of greatest contraction was due to the interruption of the circulation, so that the blood in the placenta and fœtus became noxious from nonæration. The Society then adjourned.

THE

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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

JOINT REPORT OF ONE HUNDRED OBSERVATIONS MADE WITH A VIEW TO THE DETERMINING OF THE SEX IN UTERO.

BY ALBERT B. STRONG, M.D., AND D. A. K. STEELE, M.D.

Read before the Chicago Medical Society, July 20, 1874.

THE interesting fact that, in a certain proportion of cases, we may determine with some degree of accuracy the sex of the child in utero by auscultation, has long been established. It is claimed that the pulse of the female fœtus is uniformly much faster than that of the male, one observer establishing a difference between them of fifteen or twenty pulsations per minute. It is also claimed that the presentation may be actually determined by noting the point at which these sounds are most distinctly audible.

Some writers have been very enthusiastic in defence of the opinions founded upon their observations. Frankenhauser, for example, gravely asserts (*British Med. Jour.*, Aug. 6, '73), that in fifty cases which he examined, his diagnosis was in every instance correct. Other writers, more conscientious, perhaps, or less careful, have declared that their observations have proved comparatively worthless. In an article on Fœtal Physical Diagnosis, by Frank C. Wilson, M.D., visiting physician to the Louisville City Hospital (*Amer. Practitioner*, Dec., 1873), the writer says he has "kept accurate notes of all the cases met in hospital or private practice, diagnosing the sex in each, failing only in nine cases out of 109." The average pulse of the males was 125; of the females, 143; 134 being the average of both sexes and constituting a sort of dividing line between them. In Dr. Cumming's forty-one cases, the average pulse of the males was 131; of the females, 145; of both sexes, 136.

In reviewing the literature of this

subject, which is exceedingly scanty, we have been much surprised to observe that conclusions similar to those given above are so radically different from our own. On the 1st of February last, we commenced a series of observations, in order to ascertain in what percentage of cases, predictions as to sex could be verified, and have each kept a careful record of fifty separate cases in which observations have been made since that date. Other interesting facts have been noted, which are also subjoined, as concisely as possible in the preparation of a detailed statement. From these it will appear that the disparity between the pulse of the male and the female infant is not as great as that established by other observers, and that, as a consequence, the ability to predict the sex of the fœtus in utero is far from flattering. The statistics we present are of such a character, that those disposed to do so may draw from them their own conclusions—a privilege we do not find accorded by those whose observations have been quoted. The weight of most of the children whose fœtal pulse was registered, was also determined, with a view to establishing a relation between the vigor of the individual and the rapidity of the pulse. But we do not find ourselves justified in establishing any connection between them.

The stethoscope was found preferable to the unaided human ear in noting the cardiac pulsations, since the latter are limited to a space but two or three square inches in extent. It should be added that, for convenience, we divided the uterine tumor, by four imaginary right lines, into four equal parts, designated as the right and left upper, and the right and left lower quarters. It is stated that if the heart pulsates in the lower half of the abdomen, the vertex presents; if in the upper, the breach is the presenting part; and, furthermore, that the occiput or coccyx will be on that side of the median line where the heart-sounds are most distinctly audible.

Two sounds can be heard in the abdomen of the pregnant female, apart from those which originate from the movement of the contents of the peristaltic intestine. These are the sound of the fœtal heart, and the placental souffle, which is synchronous with the maternal pulse. The latter is a loud blowing murmur, frequently of a musical character, and not at all constant, being plainly audible at one time and absent at another. It differs very materially from the heart-sounds, which are independent of the maternal circulation, and are short, sharp, clear and clicking, similar in character to the second sound of the adult heart. The fœtal pulse is subject to the same variations as that of the adult, only in a much more marked degree. While the child is perfectly quiet the heart is tolerably uniform in its pulsations, but by the least movement the pulse is greatly accelerated, increasing thirty to forty beats in the minute. The cause being removed, this increase in the frequency of the pulse rapidly disappears. It is said that the heart-sounds cannot always be heard in the living child. Such cases must be rare, especially in the last month of pregnancy, for we never have failed of detecting the pulse after a careful and, in some cases, prolonged examination. Frequently at the commencement of the observation the

souffle has been so loud as to mask all other sounds, but as the momentary excitement of the mother passed away, the heart could be heard. Throughout a natural labor the action of the heart is variable, so much so that in the majority of cases when observation only was made at this time, the prognosis proved to be incorrect. During the first part of a pain the pulse is greatly accelerated, but as the uterus contracts more firmly and the child is subjected to greater pressure, it falls considerably; as the pain disappears it rises above the normal rate, and if the interval lasts a few moments, it again falls and becomes regular and more rapid than before labor began. For example, in one case the pulse was steady for several days at 124; during the first part of a pain it increased to 150; during the latter part it sank to sixty; during the first part of the interval it increased to 170, and then decreased and became steady at 134. From these facts relative to the variable action of the fœtal heart, it is evident that the examination *must be repeated at different intervals and during the time that the child is perfectly quiet;* and that the average result of such examination, since it is an approximation to the true state of the pulse, can alone be of possible service in determining the sex of the child.

Of the first fifty women examined, there were:

Multiparæ, 13; primiparæ, 37.

NATIONALITY OF MOTHER.

United States, 16; Sweden, 9; Ireland, 7; Germany, 6; England, 6; Norway, 4; Denmark, 1; Switzerland, 1. Foreign, 68 per cent. of the whole number, and native, 32 per cent.

AGE OF MOTHER.

February—Maximum, 37 years; minimum, 18 years; average, 25 years.

March—Maximum, 37 years; minimum, 17 years; average, 25 years.

April—Maximum, 40 years; minimum, 17 years; average, 24 years.

May—Maximum, 25 years; minimum, 16 years; average, 21 years.

June—Maximum, 32 years; minimum, 24 years; average, 27 years.

Grand total—Maximum, 40 years; minimum, 16 years; average, 24 years.

DURATION OF LABOR.

February—Maximum, 20 hours; minimum, 3 hours; average, 13 hours.

March—Maximum, 18 hours; minimum, 4 hours; average, 11 hours.

April—Maximum, 36 hours; minimum, 6 hours; average, 13 hours.

May—Maximum, 36 hours; minimum, 1 hour; average, 11 hours.

June—Maximum, 24 hours; minimum, 8 hours; average, 13 hours.

Grand total—Maximum, 36 hours; minimum, 1 hour; average, 12 hours.

WEIGHT OF CHILDREN.

February—Maximum, 10 pounds; minimum, 6 pounds; average, 8¼ pounds.

March—Maximum, 10 pounds; minimum, 8 pounds; average, 8¾ pounds.

April—Maximum, 10 pounds; minimum, 6 pounds; average, 8 pounds.

May—Maximum, 11¼ pounds; minimum, 4 pounds; average, 8 pounds.

June—Maximum, 9½ pounds; minimum, 5½ pounds; average, 8 pounds.

Grand total—Maximum, 11¼ pounds; minimum, 4 pounds; average, 8 1-5 pounds.

SEX OF CHILDREN.

February—Male, 5; female, 3.

March—Male, 10; female, 3.

April—Male, 8; female, 5.

May—Male, 10; female, 2.

June—Male, 4; female, 2.

Grand total, 50—Male, 35; female, 15.

RECORD OF FŒTAL HEART.

February—Average male, 138; average female, 137; average, 137½.

March—Average male, 128; average female, 139; average, 133½.

April—Average male, 131; average female, 140; average, 135½.

May—Average male, 127; average female, 125; average, 126.

June—Average male, 123; average female, 130; average, 126½.

Grand total—Average male, 129; average female, 136; average, 132.

PREDICTIONS.

Male—Correct, 24; doubtful, 4; incorrect, 7.

Female—Correct, 8; doubtful, 3; incorrect, 4.

STATISTICS FROM OBSERVATION OF SECOND FIFTY CASES.

No. Patients.	Date of Observation.	Pulsation of heart.	Where heard.	Date of Delivery.	Presentation.	Position.	Sex.	Weight, lbs.
1	Sept. 18, 1873,	124	Left lower quarter	Sept. 30th,	Ver.	1st		
1	2nd stage of labor	132	"					
2	Sept. 16th,	128	"	Oct. 1st,	Ver.	1st	F	
3	" "	132	Right lower quarter	" 4th,	Ver.	2nd	F	
3	" 22nd,	140	"					
3	Oct. 1st,	140	"					
4	" "	140	"	" 1st,	Ver.	2nd	M	
5	" 11th,	128	Left lower quarter	" 11th,	Ver.	2nd	M	9
6	" 6th,	124	Right lower quarter	" 11th,	Ver.	1st	F	7½
7	" 8th,	130	Left lower quarter	" 16th,	Ver.	1st	F	8½
7	1st stage of labor	140						
7	2nd " " "	144						
8	Oct. 9th,	154	"	" 16th,	Ver.	1st	F	9
9	2nd stage of labor	140 to 160	Median line, between pubes and umbilicus	" 25th,	Br.	1st	M	5½
10	Oct. 10th,	130	Left lower quarter	Nov. 1st,	Ver.	2nd	F	8
10	1st stage of labor	142						
11	Oct. 6th,	128	Right lower quarter	Nov. 1st,	Ver.	2nd	F	8¼
11	" 10th,	128 to 140	"					
11	" 27th,	120						
11	2nd stage of labor	130						
12	Oct. 8th,	128	Left lower quarter	Nov. 1st,	Ver.	2nd	M	11
12	" 22nd,	132						
13	Oct. 31st,	124	Median line, between pubes and umbilicus	Oct. 31st,	Ver.	1st	M	9
14	" 28th,	132	All over abdomen	Oct. 31st,	Ver.	1st	M	8
15	Nov. 4th,	122	Left lower quarter	Nov. 9th,	Ver.	1st	F	7¼
15	1st stage of labor	144						
16	Oct. 20th,	134 to 145	"	Nov. 4th,	Ver.	1st	F	7
17	" 20th,	118 to 140	Left lower quarter	Nov. 9th,	Ver.	2nd	F	8
17	" 22nd,	220						
18	Nov. 10th,	132	"	" 11th,	Ver.	1st	F	6
19	Oct. 2nd,	140	"	" 13th,	Ver.	1st	F	7½
19	Nov. 6th,	134						
20	" 2nd,	132	Right lower quarter	Nov. 13th,	Ver.	2nd	F	7
21	Oct. 28th,	130	Left lower quarter	" 13th,	Ver.	2nd	M	7¼
21	Nov. 2nd,	144						
22	" 16th,	130	"	" 16th,	Ver.	1st	M	8½
23	Oct. 31st,	122	"	" 18th,	Ver.	2nd	M	8
23	Nov. 3d,	132						
24	Oct. 10th,	130	Right lower quarter	Nov. 23d,	Ver.	2nd	M	7
24	" 13th,	140						
24	Nov. 4th,	128 to 140	Over most all of the uterine tumor					
24	" 15th,	126 to 140	Right side					
25	Oct. 9th,	150	Left lower quarter	Nov. 25th,	Ver.	1st	M	10
25	" 13th,	140						
25	" 22nd,	140						
25	Nov. 15th,	134						
26	Nov. 10th,	124	"	Nov. 27th,	Ver.	1st	M	8¼

STATISTICS FROM OBSERVATION OF SECOND FIFTY CASES—Continued.

No. Patients.	Date of Observation.	Pulsation of heart.	Where heard.	Date of Delivery.	Presentation.	Position.	Sex.	Weight, lbs.
26	Nov. 23d,	118						
26	" 25th,	124						
27	" 25th,	150	Left lower quarter	Nov. 26th,	Ver.	1st	F	6
28	Oct. 27th,	130 to 180	Over two-thirds of tumor	Nov. 30th,	Ver.	2nd	M	9½
28	Nov. 23d,	128 to 140	Most intense in right lower quarter					
29	Nov. 30th,	132	Right lower quarter	Nov. 30th,	Ver.	2nd	F	7
29	2nd stage of labor	146						
30	Nov. 10th,	120	"	Dec. 3d,	Ver.	2nd	M	8
30	" 15th,	140						
30	" 23d,	140						
31	Oct. 2nd,	152	"	Dec. 5th,	Ver.	2nd	M	9
31	" 15th,	140						
31	" 23d,	148						
32	" 31st,	140	Left lower quarter	Dec. 8th,	Ver.	1st	M	8
32	Nov 18th,	140						
33	" 8th,	124	"	Dec. 23d,	Ver.	1st	M	12
33	" 15th,	128 to 160						
33	" 23d,	132						
34	" 26th,	140		Dec. 25th,	Ver.	1st	F	6
34	Dec. 1st,	124 to 130						
35	" 28th,	140 to 160	"	Dec. 31st,	Ver.	1st	F	7
35	" 30th,	130						
36	" 26th,	130	"	Dec. 30th,	Ver.	1st	F	9
37	" 31st,	150 to 180	Right lower quarter	Jan. 3d,	Ver.	2nd	M	8
38	" 26th,	134	All over tumor	Jan. 11th,	Ver.	1st	F	8¼
39	" 28th,	130	Left lower quarter	Jan. 7th,	Ver.	1st	F	7
39	" 31st,	138						
40	" 5th,	132	Right lower quarter	Jan. 9th,	Ver.	2nd	F	8½
40	" 11th,	130						
41	" 11th,	132	Left lower quarter	Jan. 1st,	Ver.	1st	F	7
42	Jan. 11th, 1874,	126	Right lower quarter	Jan. 12th,	Ver.	2nd	F	7
43	Dec. 26th,	140	Left lower quarter	Jan. 13th,	Ver.	1st	F	8
43	" 31st,	164						
44	Jan. 27th, 1874,	170	"	Jan. 28th,	Ver.	1st	F	6¼
45	Nov. 23d,	122 to 180	Right lower quarter	Jan. 16th,	Ver.	2nd	F	11¼
45	Dec. 11th,	128						
46	Feb. 8th, 1874,	128	"	Feb. 8th,	Ver.	1st	M	
47	Jan. 8th,	150	Left lower quarter	Feb. 9th,	Ver.	1st	F	
48	" 16th,	164	"	Feb. 13th,	Ver.	1st	M	
49	" 3d,	130	"	Feb. 14th,	Ver.	1st	M	
50	" 12th,	130	Right lower quarter	Feb. 15th,	Ver.	1st	M	

From the foregoing statistics we deduce the following observations: 1. In the majority of cases male fœtal hearts are slower than female. 2. 132 fœtal pulsations per minute is the average which constitutes a dividing line

between the sexes. Below this, sixty-eight and four-sevenths per cent. are males, twenty per cent. are females, eleven and three-sevenths per cent. are doubtful. Above this fifty-three and one-third per cent. are females, twenty-six and two-thirds per cent. are males, twenty per cent. doubtful. We have here, it may be observed, another demonstration of the fickleness of the female heart. 3. The most accurate observations are made during the last four weeks of gestation. 4. The rapidity of the heart's action is increased in proportion to the feebleness of the fœtus. 5. Calcareous or fatty degeneration of the placenta renders the pulsations feeble and irregular. 6. In some cases it would be possible to diagnose diseased conditions of the placenta from careful observation of the fœtal heart.

Of fifty cases examined consecutively twenty-seven gave birth to female children and twenty-three to males. The lowest rate observed was 118; it occurred but twice; once each in a male and female child. The highest rate noted was 180, occurring three times, twice in males and once in the case of a female. The average rate of the male pulse was 136.3; of the female, 137; of both sexes, 136.7. Considering the latter as the dividing line between both sexes, a pulse at and below this rate may be referred to males, and that above it to females. In twenty-six cases the sex was correctly predicted, and in twenty-four an error was made.

If the cases be excluded where there was unusual activity of the fœtus, the average rate of the male pulse will be found to be 133.6; of the female, 136.2; of both sexes, 134.7.

Considering, then, 134 as the dividing line between the sexes, the diagnosis was correct in twenty-four cases and incorrect in twenty-two. If, however, 128 be taken as the dividing line, the diagnosis was correct in twenty-eight cases and incorrect in twenty-two. There were six female children whose pulse was steady below 128; five males had a steady pulse between 128 and 138; three, between 138 and 148; two, between 148 and 158, and one between 158 and 168. So far as the facts elicited from these observations are of value, it is evident that they have utterly failed to furnish a basis for determining the sex in utero. Dr. Wilson admits the necessity of repeated examinations in each case, but says many of his observations were made but once. Possibly, if we had made repeated examinations to a greater extent, the result might have been different. In regard to determining the presentation, we can report more favorably, having been correct in forty-nine out of fifty cases. The case of failure was one where the breech was the presenting part, but the examination was not made till the second stage of labor. The determination of a position on the right or left of the median line, was correct in thirty-eight and incorrect in eight cases; of the four remaining cases, the heart-sounds were heard all over the uterine tumor in two, both vertex presentations, with the occiput to the left; in the other two cases the heart-sounds were the most distinct in the median line, between the pubes and umbilicus, one being a vertex presentation, with the occiput to the left, and the other a breech.

Obscuration of the fœtal sounds may result from thick abdominal

walls, tense abdominal muscles, or the presence of excessive liquor amnii. The placental attachment is of course indicated by the characteristic souffle. It is unnecessary to again refer to the necessity of repeated examinations in order to determine these facts, as the most accurate predictions were based on the results of numerous observations, when the temporary excitement induced by a single examination was eliminated from the record.

Our observations were conducted by the aid of an ordinary Camman's stethoscope, and our experience has made it clear that more distinct sounds are audible when the bell of the instrument is moistened and applied to the abdomen without pressure, as the peculiar thrill of the fœtal heart is lost when the stethoscope is grasped by the fingers.

As regards the artificial divisions of the uterine tumor given above, we found the fœtal pulsations most distinct in the left lower quarter in thirty cases; in the left upper quarter in five, and in the right upper quarter in three, the latter all cases of breech presentation. All the others were vertex, forty-one in the first position, and six in the third. If the fœtal heart be heard most distinctly above the imaginary transverse line, the presentation is most likely that of a breech; if below the line, it is almost certainly a case of vertex presentation. Inspection and palpation, however, afford valuable information in the determination of the fœtal position, and exclusive reliance should not be placed upon auscultation.

In conclusion, it may be generally stated that we find an opinion as to the sex of the child, founded on the rate of the fœtal pulse, to be of little more value than a guess, while the presentation, generally, and the exact position, possibly, may be accurately determined.

OPHTHALMIC MISCELLANY.

By A. D. Williams, M.D., St. Louis, Mo.

UNDER this head I desire to mention, very briefly, a few cases of interest I have recently seen. I refer, first, to a couple of cases of

MUSCULAR ASTHENOPIA.

Asthenopia literally means a weakness of vision; but it does not imply a defect in the acuteness or power of vision, but an inability on the part of the individual to use his eyes continuously. They fatigue or tire, and actually give out after reading or looking at small objects for a short time.

In muscular asthenopia the weak vision results from a loss of balance in the external muscles of the eyes. A glance at a case or two will enable us to understand the nature of the trouble better than a mere description.

Case 1.—Mr. M., a young man, cannot use his eyes sufficiently for the wants of a medical student. Some years since he had to quit school because he could not use his eyes, and has not been able to use them since.

He could see perfectly for a few moments, but his eyes would soon tire and trouble him so much that he had to give up all literary pursuits.

His chief complaint to me was, that as soon as his eyes would begin to tire, the print would all run together and mix up so that he could not see any of it distinctly. By examination I found that the acuteness of vision was normal, and that the refraction was normal; that is, he was neither far-sighted nor near-sighted.

By having the patient fix some small distant object, and covering first one eye and then the other, and observing the covered eye, it was discovered that each eye would deviate slightly outwards under the cover. This proved that there was slight tendency to external strabismus, resulting from defective action or insufficiency of probably both internal recti muscles. When he would converge the eyes for a few moments, as he must do in accommodating as in reading, the internal straight muscles, being too weak, would soon give way and the eyes would diverge slightly in spite of the will. This divergence would cause the print to partially double, which would make it seem to run together and mix up so as to make the whole very indistinct.

In this way the chief symptom in his complaint was produced. I prescribed prismatic glasses No. 3, and had the bases placed directly inwards, so as to favor both internal recti muscles; that is to say, the effect of the prisms enabled him to accommodate without having to converge the eyes as much as without them. Thus these muscles are favored by the action of the prisms.

The young man put on his prismatic glasses, and, notwithstanding the constant use of his eyes in studying, he has had no trouble since. Had not the glasses relieved him, it would have become necessary to perform tenotomy on one or both of the external muscles.

Case 2.—Mr. V., middle-aged man, has always been short-sighted, but No. 10 concave glasses make his vision perfect for distance. Has been wearing glasses, but says he cannot wear them constantly because they make his head ache.

Having the patient fix a small object in the distance, and covering the eyes in succession, I found that each eye deviated slightly inwards under the cover. This showed that there was a slight tendency to convergent strabismus, on account of insufficiency of the external recti muscles, exactly the opposite condition shown in the above case. Upon examining the glasses he had been wearing, I found that they were placed too far apart, so that the visual line from each eye passed through the inner edge of each glass. This position of the glasses produced a prismatic effect, but, unfortunately, this favored the internal muscles, which were already too strong. This accidental position of the glasses, of course, only increased his trouble. In looking in the distance without the glasses, and more so with them, as he had them, the external recti muscles were not sufficient to hold the eyes straight, consequently they were constantly converging very slightly. This produced a constant tendency to double vision. This caused an unnatural nervous impression upon the brain, which resulted in the constant headache mentioned above.

I told him to have his glasses set close together, so that each eye would look through the external margin of the glasses, in order that the prismatic effect of the glasses thus arranged would favor the external recti muscles, which are defective or insufficient. The effect of arranging the glasses in this way is the same as if prisms were placed before the eyes with their bases outwards. At the same time the concave glasses correct the myopia.

The patient followed directions, and has worn his glasses ever since without the least trouble of any kind. Had not the glasses thus arranged relieved the trouble, tenotomy of one or both of internal recti would have been necessary.

It will be observed that the internal recti in the first case, and the external recti in second case, were at fault. The first patient could not read because the internal muscles were not sufficient to converge the eyes continuously. The second had trouble in looking in the distance, because the external muscles were not sufficient to hold the eyes parallel continuously. This was particularly the case when the glasses were so placed as to produce a prismatic effect in favor of the already too powerful internal muscles, and consequently increased the deficiency of the external muscles to the same extent. Muscular asthenopia is an interesting subject, but I will go no further into details here.

Editorial Department.

THE CHICAGO MEDICAL REGISTER AND DIRECTORY.

SOME two years ago a first attempt was made to issue a Medical Register and Directory of Chicago and vicinity, similar in its scope to those issued by the profession in the larger Eastern cities.

The work was undertaken as a private enterprise by two or three of our well-known physicians. The gathering together of the material for the first issue of such a directory, necessarily involved the expenditure of a very considerable amount of time and labor on the part of the editors. In forming the list of physicians, who were in regular and good standing in the city, they called in the assistance of a committee consisting of representatives from each of the colleges and public institutions of the city. The list thus gathered together and passed upon was very good and reliable, as far as it went, although necessarily incomplete, on account of the difficulty of obtaining accurate information.

As a whole, however, the volume was carefully and conscientiously prepared, and met with the general approval of the profession.

The practical value and utility of such a register and directory has been

so far demonstrated by this first attempt, as that a new and revised edition seems to be called for. The former editors being unwilling to take the responsibility of its re-issue, a meeting of the profession was called April 21st, 1874, to consider the best means of continuing the publication. This and a succeeding meeting April 28th, resulted in the organization of the Chicago Medico-Historical Society, which has undertaken to take charge of and continue the publication of the *Register and Directory*. To that end an editor was appointed with a committee on publication to assist him. A list of all persons styling themselves doctors or physicians was gathered together by the committee, and circulars sent out to each of them, asking for information regarding date and place of graduation, etc. Answers were received, however, from but a small proportion of those addressed.

The complete, entire list, together with such information as the committee was able to obtain regarding those named, either from the answers to circulars or otherwise, have now been submitted to the general Society at special meetings held during the past two weeks. Each name has been called up in succession and the vote passed, after brief discussion, as to whether it should appear in the *Register* or should be excluded. This, in many instances, has been an extremely difficult matter to decide upon. Persons who had returned no reply to the circular, and regarding whom no information could otherwise be obtained, were justly and necessarily excluded. In several more doubtful cases, however, names have been excluded on mere hearsay evidence or suspicion of irregular professional conduct, and this, when proper and satisfactory replies had been returned to the circulars. In justice to all parties more time and pains should have been taken to investigate the charges or obtain further information before passing the judgment of the Society.

Again we have to charge that the names of several as grossly irregular advertising quacks as exist in the city, have been passed for admission to the list, and that without the slightest pledge on their part of any desire or intention to reform. The mere fact that a man is not now, at the present time, distributing circulars or handbills or paying for puffs in the newspapers, has no bearing on the matter. What need is there to keep up this expense while reaping a rich harvest of business as a result of former exploits in that direction? Or, after scattering a few thousand puff advertisements, circulars, pamphlets, or books—it matters not which—broadcast through the city, and among our neighboring practitioners' patients, and families, who could not afford to repent and be generous—agree to burn up the few copies that might be left, to be good and do so no more—until next time?

The list, as now made up and passed upon by the Society for admission to the *Register*, is a simple farce. As a list of regular physicians in good standing in the city of Chicago, it is no more worthy of confidence than that given in the general city directory, and which includes everybody, male or female, who chooses to prefix the title of "doctor" to his or her name.

In order to be of any practical

value whatever, the Register should have a full, complete, and carefully revised list of the regular physicians of our city. The formation of such a list must be the work of months, not of weeks. If the Society expect to have the support and endorsement of the general profession in this work, their hasty, inconsiderate action should be recalled, and the list again gone over. The unworthy names should be expunged and those omitted without sufficient reason be more carefully and deliberately considered. Take six months, if necessary, to do this work deliberately and carefully, rather than disgrace the Society and the profession of our city by the issuing of the list and directory in its present form. F. H. D.

THE SUMMER BOWEL AFFECTIONS OF CHILDREN.

AT the last meeting of the Chicago Society of Physicians and Surgeons, a very interesting discussion was held regarding the summer bowel affections of children, a full report of which appears in the proceedings of the Society as given in the present number of the EXAMINER. The subject is especially *apropos* at this season, when this class of affections is so prevalent in all our larger cities.

In a late correspondence received from Dr. B. S. Woodworth, of Fort Wayne, Ind., he states his belief in the essentially malarious origin of cholera infantum and the kindred bowel affections of children. Quinine in combination with opiates he has found most efficient in controlling these cases. He usually combines them as in the following formula:

℞.—Quiniæ sulph., grs. xxv.
Tannin, grs. x.
Tinct. opii, gtts. xx.
Ess. menth. pipt., gtts. xx.
Syr. simpl., ℥ ii.

M. From half a teaspoonful to a teaspoonful, according to age, to be given every two hours until vomiting and purging ceases.

Dr. Woodworth has had a large experience in the observation and treatment of children's diseases for the past twenty-five years, and his evidence, given as the result of long experience, is therefore of especial value.

These bowel affections of children and the accompanying symptoms which they occasion, undoubtedly vary, however, materially in the type and character which they assume in different localities and in different seasons in the same locality. In the eastern and sea-board cities the malarial element will be found much less evident and frequently manifest than in our southern and western cities. When the distinct exacerbations of fever, and the generally intermitting character of all the phenomena indicate the presence of a malarial element in the disease, quinine is, of course, indicated. In cases of cholera infantum, however, when vomiting and purging is at all active, we have scarcely ever been able to administer the quinine in any form that would

be retained upon the stomach. We more frequently, therefore, substitute for it, in such cases, small doses of phloridzine combined as in the following formula:

℞.—Phloridzinæ, grs. xxiv.
Spts. ammon. arom., ʒ i.
Tinct. opii camph., ʒ i.
Syr. simpl., ʒ ss.
Aquæ, ʒ iss.

M. Dose for a child one year old, half a teaspoonful repeated every two or three hours.

This forms a mixture rather agreeable to the taste and acceptable to the stomach, while combining a diffusible stimulant with the anti-periodic and anodyne influences.

F. H. D.

OAT-MEAL FARINA AS A FOOD FOR INFANTS.—MM. Beaumetz and Hardy recommend very highly the use of oat-meal farina in the feeding of young children. According to these gentlemen, this farina resembles human milk most closely in its plastic and respiratory elements, and contains, in addition, iron and phosphate of lime. It has, besides, the property of preventing or arresting the diarrhœa which so frequently occurs in young children. Some infants of four to eleven months, who were fed upon this farina, were found to grow equally well with those who were nourished by the milk of a good nurse.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, JULY 13, 1874.

Reported by Ralph E. Starkweather, M.D.

THE Society met, as usual, in the parlor of the Grand Pacific Hotel. Dr. John E. Owens, Vice President, in the chair. Dr. A. K. Norton was unanimously elected a member of the Society.

The paper read at the last meeting by Dr. P. S. Hayes, on Multilocular Sero-cystic Ovarian Tumor, an abstract of which appeared in the EXAMINER, showed that the operation by electro-puncture resulted in complete recovery.

Dr. Hyde reported a case of variola, modified either by antiseptic treatment or previous protection, of which the following is a brief summary:

The patient, a boy of five years of age, was seen on the second day of his illness, and had high fever; pulse 130; temperature 105 5-10 F.; constipation; coated tongue; sleeplessness and jactitation. The cheeks were suffused with a damask stain, with well-defined limits on every side; no redness of the fauces, sore throat or coryza. The boy had been vaccinated in early infancy, but upon in-

spection of the arm, a simple punctate cicatrix was visible, such as might have resulted from a wound of the arm by a shoemaker's awl.

On the fourth day, complete defervescence occurred. A general eruption then appeared, gradually extending, and invading the palms of the hands, the soles of the feet, and the pharynx. It rapidly passed through the stages of pimple and vesicle, until a well-defined umbilication occurred. The vesicles were generally discreet; the odor of small-pox was perceptible.

Some two years ago the attention of the Profession was attracted to a form of treatment by antiseptic solution, first reported in a medical periodical of Canada, and largely copied in our home journals. It consisted of one drachm of carbolic acid, ten of Squibb's pure medicinal sulphite of soda, and six fluid ounces of water. Dose for children, one-half to one drachm; for adults, a tablespoonful every three hours. Externally, a solution of two drachms of carbolic acid in three ounces of glycerine was employed. A febrifuge was also advised, of potassa chlorate, spirits of nitre and liquor ammoniæ.

The above treatment was modified, so that on the sixth day of this patient's disease, the following prescription was given:

℞.—Acidi carbolici cryst., ʒ i.
Sodæ sulphitis, (Squibb's medicinal.) ℥ x.
Aq. menth piperitæ, Aq. puræ, aa. f ℥ iij.

M. Sig. One teaspoonful every three hours, day and night.

The external solution was made of less strength, and modified thus:

℞.—Acidi carbol., ʒ i.
Glycerin. f ℥ iv.

M. To be used on the exposed parts of the face and neck.

The result was as gratifying as surprising. Seventy-two hours afterwards, the ninth day of the disease, the little patient seemed practically cured of his malady. The eruption had everywhere subsided; no intumescence of the skin occurred between the vari; the itching was very slight, and the child was soon dressed and playing about the house. The subsequent history of the case is that of perfect restoration to health.

The speaker alluded to eight varieties of varioloid, given by Dr. Aitken, and contrasted the present case with them, developing several interesting points and deductions, and, in conclusion, said that there is as much evidence to show that the sulphite of soda is capable of controlling variola, as there is in favor of the remedial influence of the transfusion of blood. It should be carefully and faithfully tried in each case.

In remarking upon this use of the sulphite of soda, Dr. Chapman said that two years ago, at Ann Arbor, they had quite a siege of small-pox in the college, during which the patients were put under the treatment by the sulphites, with great success. Those treated so soon as the attack became apparent, were greatly benefited; the disease was modified in severity; there was no eruption on the palms of the hands, or the soles of the feet, though the patients had never been vaccinated. The sulphite of soda and the sulphite of magnesia were used: a drachm of either salt was placed in a glass of water, and the solution swallowed from time to time. A strong lotion of carbolic acid was used; the pitting was severe in two cases only.

Dr. F. H. Davis asked if carbolic

acid was exhibited internally. Dr. Chapman said it was not, but a carbolic acid gargle was used in some of the worst cases.

Dr. F. H. Davis—I had supposed that the use of the carbolic acid internally had as much to do in contributing to successful results and relief as the sulphites. I have tried the sulphites in three or four cases, and none died, though two cases were of the confluent variola. The attack did not seem to be aborted; there was some pitting in the confluent cases; no carbolic acid was used externally.

By the President—It is to Dr. A. Fisher the Profession is indebted for establishing the dose of the sulphites. It is usually given in too small quantities at too infrequent intervals. Dr. Blake, in 1864, reported to the American Medical Association a case of pyemia, in a patient with pneumonia, pleurisy, and endocarditis with compound comminuted fracture of the tibia. He had ordered drachm-doses every four hours; at the end of thirty-six hours the patient had recovered from the pyemia; it was discovered, however, that four-drachm doses of the lime sulphate had been given instead of drachm doses. The medicine should be continued some time, to prevent relapses.

Dr. Fisher—I have frequently given one ounce of the soda sulphite in twenty-four hours—even an ounce and a half. The ordinary lime sulphite of the shops is totally unfit for use: that made by Dr. Squibb is the most suitable. In diarrhœa and cholera, a half-drachm of lime sulphite may be given every four hours. I have never seen bad effects from the use of the sulphites, and think I have aborted many cases which otherwise might have proved fatal. I give it in every disease of a septic nature. In one case there was an infant in whom vaccination was unsuccessful; I gave the sulphites, and no eruption followed. Sulphite of soda may be given in peppermint water, in an emulsion; it is not distasteful to children. The soda is preferable in cases of constipation. The sulphites are of no benefit in inflammatory diseases.

Dr. Andrews thought the sulphites were given too timidly. You must saturate the patient. Small doses are not so efficient as large.

Dr. Andrews addressed the Society in a partial review of the report of the Supervising Surgeon of the U. S. Marine Hospital Service, and compared this with the cases in the hospitals of London and Paris. The only subjects alluded to were those of the diseases of two races—the Teutonic and negro of this country, and the Teutonic (English) and Gallic (French) of Europe, and, also, that of their different physiognomy and facial angle and measurements.

His conclusions, in brief, were, that the British Teuton, as compared with the Gallic Parisian, is prone to alcoholic disease; the latter to venereal diseases. Some attribute the difference to influence of climate and food.

In this country, we have the two races side by side, and in the same relations as to climate and food, say for the past three hundred years they have grown side by side. In the marine hospital departments, the colored sailors, in large per centage, are under treatment for venereal diseases, while of the whites, much the larger per centage is treated for delirium tremens.

Dr. Hay—There is one view Dr. Andrews has omitted to take, which a close observation of the negro race for twenty years has led me to adopt. In the Teuton, the tendency to drink is partly hereditary; the negro in service, has been kept sober, regular and steady in habits, and, probably, his freedom from alcoholism is due to this exemption from hereditary alcoholism. I mean the transmission of certain modifications of the nervous system, due to the continued use of alcohol by successive generations.

Dr. Andrews—Did not doubt this, but had never been able to satisfy himself as to the degree of exemption.

The President read a deferred paper on a means of facilitating the introduction of Barnes' dilators. The devices of Skene and Bishop were referred to, and the method suggested was offered as additional to these.

Dr. Bartlett's plan consisted in the rolling up of the ordinary dilator about the supporting rod or tube, and the maintenance of that state of compactness till the introduction was effected, by means of a cord or tape adjusted about it, in such a manner as to permit of the ready release of the bag from the coils of the string.

The dilator having been exhausted of air by suction with the mouth, it is compactly rolled up on its long axis, and secured in this state by a temporary string at each end. A piece of wire, as a small stylet from a catheter, is then laid parallel with the bag and its supporting staff. The wire, bag and staff, are then lashed together by what Dr. Bartlett called a key-wire stitch. The cord is first tied around the wire at a point corresponding to the tube end of the dilator; it is then passed under and then over the bag and staff, and placed under the wire and looped over it, the direction of the string being thus reversed. The cord is then carried under and over the bag and staff, in a direction contrary to that of the first stitch, and is again carried under the wire and looped over it as before. This process of binding the bag on to the staff, by looping the string over the wire, is continued till the dilator is lashed to the staff in nearly its whole extent. The stitch is ended by taking several looped turns over the extremity of the wire; this latter is then withdrawn so that its end rests concealed just below the presenting extremity of the bag. The temporary strings are removed as the stitch is being made, or afterward. The dilator being introduced, the string is discharged from it by the withdrawal of the key-wire. Any form of cord will answer the purpose, but very narrow oiled tape is most suitable; the lashing should not be too tight. Dr. Bartlett thought it probable that this stitch might be usefully employed for other obstetrical or surgical purposes.

The meeting closed with the presentation of a testimonial by Dr. Hay, in behalf of many members of the Society, to the Secretary. It consisted of a set of Gouley's sounds, and a Nott's speculum, in recognition of that officer's long and faithful services.

The Society then adjourned.

REGULAR MEETING, JULY 27, 1874.

The Society met, as usual, in one of the parlors of the Grand Pacific Hotel, Dr. J. E. Owens, Vice President, in the chair. After requesting Dr. H. A. Johnson to take the chair, Dr. Owens read a paper on Ther-

mometers, of which the following is a summary:

The experiments and observations had extended through three months, at intervals, as many as fifty-five self-registering fever thermometers having been examined and tested. In view of the constant necessity for the use of this instrument at the bed-side, the profession ought to know the character and worth of the fever thermometers offered for sale. Contrary to the popular supposition, these experiments have shown that the thermometer is not an unerring measure of temperature, unless proper care be exercised in selecting the thermometer. A large number offered for sale in the shops do not register correctly.

Every thermometer should be compared with a test instrument, one in all respects standard and reliable. The indices having been shaken to the same level, approximately, each lot was tested in warm water. In one lot of instruments examined, it was found that no two registered alike. In another lot, the errors were from three-fourths to one and one-fourth degrees Fahr. Each instrument remained beneath the tongue four minutes in this trial. In a fourth collection, the index of one thermometer could not be moved, while that of another had been lost in the mercury below and could not be disengaged, and no two gave the same registration, comparing them with a test-thermometer made by Beck, of London, of ascertained reliability and accuracy. In a sixth lot of eleven, only one registered correctly. The instruments above spoken of, were mostly of American manufacture, not marked by their maker's name, and almost entirely unreliable. They are unworthy the patronage of the profession.

Ten English thermometers, made by Maw, Son and Thompson, and Lynch & Co., when tested, varied only the one-fifth of a degree, and are more worthy of confidence. All instruments that are not known to be correct should be tested with a Casella thermometer. Mr. E. H. Sargent, of this city, a prominent dealer in instruments, has allowed the use of the English thermometers above spoken of.

Dr. Johnson—In regard to the index of a thermometer, I have long been satisfied that some thermometers will not always register the same in the same conditions of location and temperature. The mercury bubble adheres to the side of the tube, and does not flow readily; sometimes it goes up with a jump, and beyond its true level. There ought not to be a variation of even the one-half of a degree. Select an instrument in which the index will move readily, the more easily it does so the more reliable it will be. If the index move by starts—fitfully—it should be rejected.

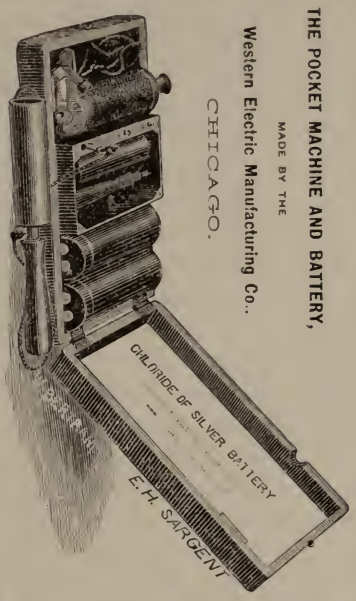
Dr. Hyde, the Secretary, exhibited a cornu removed from the forehead of an Irish washer-woman, fifty-three years old, by Dr. McArthur. She had been operated upon by Dr. Andrews three years before, who removed, at that time, a cystic tumor from the anterior part of the left frontal bone. It was presumed that part of the cyst had been left *in situ*—"the root," as she termed it—since the growth returned where the cicatrix had formed. Six months prior to date, her son had sawn off a portion of the horn as large as that which was removed by the

knife. The patient presented herself to the Dispensary, not because she suffered any pain, but because the growth was a source of annoyance to her, on account of the ridicule it excited among her neighbors. She has, at present, six or seven wens upon the occipital and parietal regions, which she refuses to have removed, for fear that similar horns would subsequently appear in the cicatrices that would result. The specimen presented was club-shaped at its extremity, and of even thickness.

As to the cause of the origin of these horns, Dr. Hyde said that Wilson and Fox regarded the cornu as a development from the sebaceous gland. Neuman, however, whose views of the pathology of this subject would be of very great weight and authority, says that the growth is due to the development from the papilla of the corium. It resembles a wart or a corn. The sebaceous follicle is an appendage of the hair. The hair, nail and tooth are identical, so far as the type is concerned—all proceed from a papilla. A French writer has reported one case in which the cornu had three extremities.

Dr. W. C. Lyman stated that he had removed a cornu an inch and one-quarter in length, from the centre of the lower lip.

Dr. Johnson exhibited a small Electro-Faradic machine with a chloride of silver battery, combined in a pocket-case, a cut of which is here shown. It weighs only fourteen ounces. This battery does not need to be prepared each time it is required for use; there is no acid or fluid of any kind, and it is much cleaner than others. Its strength is sufficient to run the helix of the largest size of the Kidder apparatus, and may be moderated at pleasure. It will run continuously ten, and even



twelve, hours, before needing renewal. The induced current is sufficient for medical purposes. There is, also, the extra current, and either form may be used; or, thirdly, the current resultant of the first two may be used. The battery itself is the chloride of silver and zinc. The elements are composed of a strip of zinc and another of *chloride* of silver. It is moistened by the chloride of sodium. These are enclosed in a hard rubber case, with a top screw cover, by which it is hermetically sealed. Two elements go with each case, and can readily and quickly be detached from the rubber case when exhausted, and new ones substituted. The machine is set in motion by moving an armature; metal handles, or electrodes are also provided.

Dr. N. S. Davis addressed the Society upon the subject of Diarrhœa in Children, substantially in the fol-

lowing words: He had treated the diseases of children for upwards of twenty years in this city, and said that the summer complaints of children had with pretty uniform certainty appeared upon the advent of the first week of consecutive and steadily hot, sultry weather. Such weather continuing some two or three days only, would not be enough to produce the general onset of the disease. This first week of hot weather may come as early as the last week in June, or not until the first, or even the second week in July. Occasionally, however, it will begin so late as the middle of July. Hardly any new cases originate after the last week in that month; there may be many cases from *relapse* in August, but few new cases. The incipient symptoms of almost all the cases can be traced to the first three weeks of hot weather. Dr. Davis in one instance kept a memorandum of cases occurring in his practice, where the first hot week ended June 25th. Within the next ten days of that date, he traced fifteen or more cases that dated the incipient diarrhœa directly into the last forty-eight hours of that hot week.

It is necessary to be careful in your inquiries, as often the milder attacks go unnoticed until a week has elapsed, especially among the laboring class. The mother will say that the child "didn't get bad till yesterday," though you will inquire and find that for the past fortnight it has been having from two to four thin stools daily.

I laid a plan before the proper Section of the American Medical Association, to obtain from the general government, in connection with the statistics and weather reports now furnished by the army signal service, reports as to the atmospheric electricity and ozone. A very competent and influential committee now has charge of this question. If we could secure physicians in every locality, who would be interested, laborious and faithful in their work, to keep watch and make a memorandum of the beginning of any initial symptoms of disease, stating the day, and, if practicable, the hour of beginning —tabulate them, and report the same to a common source, where again the reports might be condensed and generalized, we could then compare these statistics of disease with the atmospheric conditions obtained from the signal service, and thus see the exact relations between the two.

I have long been convinced that not otherwise could we get at the origin of endemic or epidemic diseases. These observations must not be delayed until the diseases come, but be made year after year, else we would be deceived. By comparing results for a series of years, we could arrive at some degree of certainty.

You must appreciate the actual pathological conditions which exist in any case before you can satisfactorily treat the same. I have long thought the essential conditions were extreme morbid excitability of the mucous membrane of the alimentary canal (perhaps likewise to some extent of the skin), coupled with a decrease of tonicity, or impairment of the vital affinity of atom for atom. As we increase temperature we separate atoms of matter; the human and living tissues are not an exception to this law of matter.

In diarrhœa it is seen in every degree, from the mere semi-fluid pas-

sage—three or four times a day—up to the rapid cholera morbus exudation, ejected by mouth and anus, so copiously that the patient dies exhausted in a few hours. The diarrhœa once started, the epithelium of the mucous membrane is disturbed and carried away; if only of moderate severity, there will be little points of abrasion or denuding; if the attack continues two or three weeks, these points take on more congestion; then we have inflammation, with more or less mucus in the discharges; there is some febrile reaction; skin hot; tongue dry, and a semi-dysenteric condition. Upon post-mortem examination, there will be found a grade of ileo-colitis. In some cases there is no fever, but the discharges and emaciation will continue, until, perhaps, in August, the patients become fatally exhausted and die.

Another class is one in which there is a more rapid change—the regular cholera infantum, with large loss of epithelium, as in cholera collapse. I have seen several cases terminate fatally in total collapse, in five hours—from a previous state of apparent health; one case in even three hours, but these are extreme cases. In such there will be little traces of disease found upon post-mortem examination; the intestine will look pale, rather than inflamed, and there may be a few ecchymoses. * * * *

Another class, and a rarer one, is not rapid in its onset or progress: the stools will be colored, turbid and watery—five or six in the twenty-four hours. The little patients melt down, though there is no heat or febrile reaction, gradually fail during two months, and die greatly emaciated. Is it an enteritis? A thorough search of the intestine will show it to be attenuated, translucent, with hardly a vestige of inflammation or congestion; there may be a few abrasions in the mucous membrane of the ilium and colon, and some of the mesenteric glands may be moderately enlarged and their centres somewhat softened.

Treatment. — Combine something directly soothing with an agent to give increased tonicity. An anodyne and tonic (not such a tonic as bark and iron), but a class that will increase contractility of the vascular system. For the past three or four years I have found nothing equal to carbolic acid, in cases of moderate or even violent vomiting in the early stages. The acid is never used alone, but the good effects are mainly due to it. It is not a specific, but forty-five out of fifty cases of vomiting will be checked by it, and it also moderates the diarrhœa. The following is the formula employed:

℞.—Acidi carbolici, cryst., gr. iv.
Glycerini, f ʒ ij.
Tr. opii camphoratæ, f ʒ j.
Aquæ camphoræ, f ʒ iii. M.

Dose.—Child, four to six months, ten drops hourly; if very sick, half-hourly. Child, six to twelve months, fifteen to twenty drops. Child, eighteen months, twenty-five drops, to be repeated every one or two hours until the stomach is quiet. The glycerine is put in to secure miscibility. Two fluid drachms of the aromatic spirits of ammonia may be put into the four-ounce mixture above given. Inquire as to the color of the stools: if light in color, turbid and watery, or gray and with no bile, you may order three or four of the following powders:

℞.—Hydrarg. chlor. mit., gr. ½, ad. i.
Pulv. opii, gr. 1-12.
Pulv. ipecac, gr. 1-6.
Sacchari alb. q. s. ft. chart. no. i.

Three of these, for the first day, will generally change the color of the stools. You will find but little urine in these patients, and calomel acts upon the general secretory apparatus. If the urine continues to be scanty, and you find the bile returning in the stools, omit the calomel, but bring in a diuretic, but not a purgative one. The spirits of nitrous ether was commended. If you overlook the urinary secretion when you check the diarrhœa, your patient may go into a stupor, with injected conjunctiva and sometimes convulsions. There will be no success unless you regulate most carefully the diet. For babies there can be nothing superior to their mother's milk, given frequently but in small quantities, so as not to fill up the stomach.

The most unpromising cases are those who are weaned or have no mothers. I have tried almost everything proposed, but have been forced back upon wheat flour and boiled milk in the form of a thin porridge. Do not dilute the milk; it has no other effect than to overload the stomach with more water. Never put in enough flour to make it thick when cold, and give a teaspoonful every half hour at first, and increase this quantity as the stomach becomes less sensitive.

Again, after the first stage of the attack is passed, in many cases the abdomen becomes hot; the palms of the hands dry; lips dry; there is occasional vomiting; eight or ten stools, in which there is more or less mucus of brown, reddish-brown or gray color, with here and there a streak or speck of blood. Then I go back to the turpentine emulsion, for which I have never found any substitute. The following is the formula:

℞.—Olei terebinthinæ f ℥ ij.
Olei gaultheriæ gtts. xv–xxx.
Tr. opii, f ℥ ij.
Pulv. accaciæ, } ℥ iv.
Sacchari alb., aa. }
Aquæ, q. s. ad. f ℨ iv.
M. Ft. emulsio.

The dose of the emulsion will be fifteen to thirty drops every three to six hours. Lengthen the interval between the doses in proportion to the interval between the stools: give every six hours; if no stool, in eighteen hours. If no stool in twenty-four hours, give no medicine until after a movement of the bowels occurs; then observe the nature of the stool, and if thin, repeat the medicine. If there should be no thin stools for several days or weeks, and then a relapse, resume the treatment with the emulsion.

In the last two years I have often used satisfactorily the zinc oxide (one-half to one grain for a child six to eighteen months of age), with minute doses of opium or Dover's powder; say the eighth to one-twelfth grain of powdered opium for a child one year old.

℞.—Zinci oxidi, gr. j.
Pulv. opii, gr. ⅛ to 1-12.
Hydrarg. chl. mitis, gr. ½.

M. Give the powder three times a day for two days, then omit the calomel and continue the other ingredients. In chronic cases—the patient weak, emaciated, urine scanty, with cerebral disturbance and bowels unchecked, I use the following:

℞.—Erigeron Canadensis, ℥ ss.
Morphiæ sulphatis, gr. j (anodyne).
Quiniæ tannatis, ʒ j.
Aquæ bullientis, Oss.

M. Ft. infusio. Dose, one teaspoonful to a child of twelve to eighteen months of age, repeated every two, four or six hours.

Dr. Hyde—In diarrhœa we all look at the stools, and compare them with our idea of a normal stool. Will Dr. Davis tell us what such ought to be, in a child eight to twelve months, in summer, and while teething?

Dr. Davis—My idea is that a normal stool would be the same as it would be in a cold day. Teething has no influence upon it. I cannot understand how it is that the teeth become poisonous in hot weather, when in winter dentition goes on harmlessly. A natural stool varies from a soft semi-fluid, up to a well-formed consistent stool, retaining the shape of the intestine. If much beyond simple softness, it is abnormal. The color may be a little more yellow than usual. A great many slight cases of diarrhœa have stools of thinner consistency, unpleasant yellow color and very offensive odor.

As to the significance of the green stools, or their afterwards turning green, this may be due to the bile matter, but not always. The matter from the solitary glands of the large intestines may assume a green hue. You can test for bile in the stools.

Dr. Hyde had noticed that in classes of adults, those of different complexions had different color of stools. The same was true in regard to dogs: those white, had white colored stools; those black—the Newfoundland, for instance—had black colored stools. It is very much so in children. He laid less stress upon the color of stools than upon their homogeneity and consistence.

Dr. Davis—To prevent mistake, I will state that I look to the consistence and the homogeneity of the stools, and whether they are mucous. If the stools are consistent, I regard the patient as pretty nearly well. The color is nothing, unless very markedly changed, when it will indicate suppression of the secretions, which must not be neglected. The more you physic a patient the less likely you will be to have the true secretory organs collateral to the bowels acted upon, and the nearer you will approach to the true choleraic condition. Hence, if you want to act on secretions collateral to the bowels, keep the latter quiet, and increase excretory action by minute doses of alteratives and diuretics. Many a child has been killed by trying to carry off the secretions by active cathartic medication.

Dr. F. H. Davis had seen the statement that the diarrhœa of children was unknown on the continent of Europe, and was peculiar to American cities. Perhaps this suggests the origin of the disease. Some say it is malarial, and treat it with quinine in combination with opiates.

Dr. Simon—It seems to me that there is some coincidence in the relation between the color of the fœces and the complexion. Physiology teaches that the pigment cells take their origin in the liver.

Dr. Oleson was referred to as treating infantile diarrhœa by the potassium bromide, believing that it acted by allaying the irritability of the mucous lining of the bowel.

Dr. N. S. Davis—Some three years ago some reliable writer proposed a similar method of treatment. I have used it in a few cases, alone, and more often combined with paregoric in camphor water. The effects have been pleasant and favorable. In certain cases where he could not gain time enough to control the bowels,

and there were cerebral symptoms, he had used the bromide and paregoric. There need be no fear in using the bromide alone, but there would probably be need of the paregoric in most cases.

Dr. H. A. Johnson had been in the habit, for the past eight years, of using the potassium bromide in cases where he did not desire to give opium to allay irritability, and in the early stage of diarrhœa. He knew of similar practice in the U. S. army.

The irritability is not a primary disease, but is the result of less tonicity. I'm quite sure the bromide will check the disease; it stimulates the urinary excretion, allays the nervous irritability and diminishes peristaltic action of the bowel. The potassium bromide may be given to a child one year of age, in two to four-grain doses, every four hours; and in doses pretty full, as compared with adults, often enough to procure rest.

Dr. Etheridge had had limited experience with the bromide, in the treatment of diarrhœa in children. He had found that the number of the discharges in the first twenty-four hours had not lessened, but that their character had improved and the child was better. If the use of the bromide was continued after the child was better, you would get brominism with its eruption.

Upon motion, the Society adjourned.

THE LATE DR. F. R. PAYNE, OF MARSHALL. — At the semi-annual meeting of the "Æsculapian Society of the Wabash Valley," held at Marshall, Illinois, May 27th and 28th, 1874, on motion of Dr. J. M. McKown, the following committee was appointed, viz.: W. M. Chambers, John Tenbrook and D. O. McCord, to draft resolutions expressing the feelings of the Society in reference to Dr. F. R. Payne, who died at his home in Marshall, December 2, 1873, of pneumonia, after an illness of one week, in the 53d year of his age.

The committee made the following report:

WHEREAS, It has been so ordered by the Allwise Disposer of life and death, that since the last annual meeting of this Society, our justly distinguished brother, Fleming Rich Payne, M.D., of Marshall, Illinois, should be removed from his earthly career of usefulness and intense mental and physical labor to that state of existence where reign perpetual peace and repose, where sickness and anguish have no abiding place; and

WHEREAS, His life was morally blameless, and his connection with this Society shed a lustre upon the organization; therefore,

Resolved, That by the death of Dr. Payne this Society has lost one of its oldest and best members; the medical literature of the State one of its ablest contributors; the profession at large the teaching and example of a thoroughly scientific physician and a most worthy Christian gentleman.

Resolved, That a copy of this preamble and resolutions be presented to the members of his greatly bereaved family by the Secretary, that they be entered upon the records of the Society and published in the MEDICAL EXAMINER, of Chicago.

ZOSTER FRONTALIS—*Treatment by the Galvanic Current, by A. D. Rockwell.*—A lady aged about sixty, and sent to me by Dr. C. R. Agnew, had suffered long and severely from zoster of the forehead and face. Acute and persistent neuralgia supervened, resisting all attempts at permanent alleviation. The galvanic current was locally and centrally applied, and resulted, in a few seances, in relieving in a good measure the neuralgic pains. Ptosis of the right eyelid remained, however, in spite of the treatment by galvanization. Three local applications of the faradic current approximately restored the lost muscular power.—*Phila. Med. Times.*

Book Reviews.

Received through Jansen, McClurg & Co.

A TREATISE ON FOOD AND DIETETICS, PHYSIOLOGICALLY AND THERAPEUTICALLY CONSIDERED. By F. W. Panz, M.D., F.R.S. Henry C. Lea: Philadelphia.

There has long been an opening and a need for just such a work as the author here places before us—a thorough, complete, scientific treatise on Food and Dietetics in their physiological and therapeutical relations.

In the introductory chapters on the *Dynamic Relations of Food*, the laws governing force and matter are briefly considered; also, the influence of solar force, the action of vegetable life, etc.

The Alimentary Principles: their classification and chemical relations, are next considered.

In reference to Leibig's theory regarding the nitrogenized and non-nitrogenized principles, which classes the former as "plastic elements of nutrition," and the latter as simply designed for undergoing oxidation, and in this way serving as a source of heat, the author says, "although nitrogenized principles constitute true elements of nutrition, yet it neither follows nor appears likely that they are limited to this purpose. Fats are undoubtedly important calorifacient principles, and cannot *per se* supply what is required for tissue development; they, nevertheless, take part in the process.

The relations of exercise to the elimination of nitrogen are also fully and extensively considered. Dr. Austin Flint, Jr., from his experiments and observations during the celebrated walking feats of the pedestrian Weston, came to the conclusion that "excessive and prolonged muscular exertion increased enormously the excretion of nitrogen, and that the excess of nitrogen discharged was due to an increased dis-assimilation of the muscular substance."

The author's views, however, differ from those of Dr. Flint, and an abundance of testimony is adduced, apparently going to show that muscular action should not be considered as the result of muscular destruction, as was formerly supposed, and hence that nitrogenous matter is not applied through muscle to the development of muscular force. While he does not consider, then, that the elimination of urea is influenced by muscular action, it does bear a marked relation to the food ingested. Urea is regarded as constituting the unutilized portion of the nitrogenous principles. "About one-seventh," he says, "of the potential (latent) energy—capacity for force production—belonging to nitrogenous matter, is carried off as urea." The greater the amount of nitrogenous food ingested, therefore, the larger the amount of urea that will be excreted. This principle would seem to be borne out by the facts and experiments as given by the author.

A suggestion here thrown out re-

garding the uses and mode of formation of fat in the system, is of interest: "Seeing that nitrogenous matter is broken up, 1st, into a nitrogenous portion—urea—which is eliminated as useless, and, 2nd, a hydrocarbonaceous residue which represents capacity for force production, the question next confronts us, whether this hydrocarbonaceous residue, instead of being oxydized and applied at the moment of its production, presents itself under a form (that of fat, for example,) for retention in the system, and for application as necessity demands."

All attempts to settle this question by the artificial or chemical productions of fat from protein compounds have heretofore failed.

The non-nitrogenous alimentary principles are considered under the following headings: The hydrocarbons, or fats; the carbohydrates, starch, sugar, etc., and the vegetable acids and alcohol.

We note nothing of especial interest in the views expressed under these heads, except as regards the statements in relation to the action of alcohol on the system. In summing up, the author says, "from a view of the evidence as it at present stands, it may reasonably be inferred that there is sufficient before us to justify the conclusion that the main portion of the alcohol ingested becomes destroyed within the system, and if this be the case, it may be fairly assumed that the destruction is attended with oxidation and a corresponding liberation of force, unless, indeed, it should undergo metamorphosis into a principle to be temporarily retained, but, nevertheless, ultimately to be applied to force production."

The consideration of these alimentary principles is completed in the first 145 pages of the book. The remainder of the volume, some four hundred pages. is devoted to the alimentary substances, and contains a careful review of the actual and comparative value of all the principle animal and vegetable substances ordinarily used as food. F. H. D.

THE CHICAGO JOURNAL OF NERVOUS AND MENTAL DISEASE.

The July number of this journal has been received. Its contents are fully equal in value and importance to that of the two preceding numbers. The third lecture on the Pathology of the Vaso-Motor System by the senior editor, forms the leading article. Three other valuable original articles, with reviews, editorial and a very extended and carefully prepared periscope, form altogether a volume of 142 pages.

ZOSTER THORACICALIS—*Treatment by the Faradic Current, by A. D. Rockwell.*—Jane A., a dispensary patient, aged seven years, six months, had suffered for several weeks from febrile symptoms and anorexia, and finally erythematous patches appeared on the chest and right side. The eruption increased and rapidly extended, until the thorax was nearly encircled. The pain from which the child suffered was very severe, and for forty-eight hours it had been continuous. I employed general faradization (mildly) and was rewarded by an immediate relief of the neuralgic pains. Four similar applications were subsequently given,—one on each alternate day; but there was no return of pain, and within ten days the eruption, which resembled aborted vesicles, had quite disappeared.—*Phila. Med. Times.*

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Original Communications.

OPHTHALMIC NOTES—CASES FROM PRACTICE.

BY A. D. WILLIAMS, M.D., ST. LOUIS, MO.

A GENTLEMAN was treated four or five weeks by a prominent surgeon in Louisville for supra-orbital neuralgia, but without success. At the end of that time, the man had occasion to go to St. Louis, and continuing to suffer, he called in his family physician, who also treated him several days for supra-orbital neuralgia, but likewise without success. In the meantime his eye became red, and his physician was kind enough to refer him to me.

Upon examination I found the smallest crystal of white sand bedded in the surface of the cornea. Its removal put an end to all his supra-orbital neuralgia.

When the patient saw the foreign body, he expressed a doubt that such a small thing could cause him so much and long suffering. But the result proved it to be even so.

Case 2.—Mr. D.—For two weeks during this hot weather, particularly during the hottest part of the day, his eyes have been a source of great annoyance to him. They were not particularly painful, but he would frequently have to stop on the street and close them for a short time, apparently to rest them. Then he could move on a distance and again stop and close them, and so on.

I found a very small particle of coal sticking in the surface of one cornea. After its removal the trouble disappeared at once.

Case 3.—Mr. P., a railroad laborer, was cutting railroad iron with a cold chisel. Some small substance struck him in the right eye hard enough to knock him down. As soon as he got up he noticed that his eye was almost totally blind. It soon began to pain him severely, and continued to do so

for three weeks. During these three weeks many physicians in the neighborhood of Springfield, Illinois, prescribed for him. In the meantime he fell into the hands of "The Twin Brothers," in Decatur. They, quack-like, promised a sure cure for so much money. The money was forthcoming, but the *cure* failed to come forth. At the end of three weeks the eye had ceased to pain him, but it remained practically blind—could only see fingers in some directions. So the man concluded to try his luck in St. Louis. His money being out (the Twins captured the most of it), he went to the City Dispensary and consulted the physician, who represents the board of health. He barely looked at him, and prescribed a solution of iodide of potassium: to take a teaspoonful three times a day, and return in three weeks. This did not satisfy the man, so he sought further advice.

Upon examination, I found that the eye was as bright as the other, not in the least red. The iris was discolored from iritis, but that had subsided. The patient could see fingers in some directions. The eye, as I have already stated, was not painful, and had not been so for several days.

The history of the case made me suspect that a piece of iron had gone into the eye. Near the equator of the ball, on its outer surface, I discovered a small black point, under the conjunctiva, about as large as a pin's head. Feeling this with the end of a probe, I found that it was a foreign body. I supposed it was a small piece of iron lying under the conjunctiva. I cut through the overlying conjunctiva, and got hold of the thing, but was not able to pull it out with the forceps. The effort to draw it out was intensely painful to the patient. I gave him chloroform, and made another effort to remove it with a larger pair of forceps, but without success. I found that the piece of iron had penetrated the sclerotic, and that had grown tightly around it, so as to hold it firmly. As I pulled the next time, I passed a knife in along the foreign body, and incised the sclerotic so as to enlarge the opening and allow it to slip out. This time I succeeded in removing it, and I must say that when it came out I was no little surprised at its unusual size. It proved to be over three-fourths of an inch long and one-fourth thick. It is remarkable that such a large, rough, ugly piece of iron could remain in the eye without causing very serious trouble. This had been in the eye for thirty days. For three weeks it was quite painful, but for several days previous to the time I saw him there had been no pain, and there was not even redness. The patient did not know, nor even suspect, that anything was in his eye. He supposed that some large object had struck him over the eye and fallen away. I should have observed above that the ophthalmoscope revealed nothing, as the whole interior of the eye was black from the escape of blood into the vitreous chamber. The only evidence of any thing being in the eye was the little black point under the conjunctiva, mentioned above. The piece of iron had entered endwise between the lids, without injuring either, and had passed upwards, backwards, and inwards, the internal end probably penetrating the inner wall of the eye.

There was hardly any redness following the removal of the foreign body. In seven or eight days the man left the city and went to work.

The vision was practically lost on account of the clouding of the vitreous humor by the escape of blood into it. The man could see fingers when he left. The form and appearance of the eye would be preserved.

In connection with this case I may barely mention an interesting case I had some years ago at Cincinnati:

The premature discharge of a blast in Ireland sent a fragment of blue lime-stone into a man's eye, and blinded it instantly. He suffered uninterrupted pain for sixteen years, during which time Sir Wm. Wylde operated on the other eye for cataract, but discovered nothing in the injured eye.

He came to me to know if any thing could be done for his operated eye, as he could not see well enough to work.

I found a piece of blue lime-stone in the injured eye, about the same length but thicker than this piece of iron. The stone had gone in sideways between the lids, and buried itself in the interior of the eye. The eyeball had gradually atrophied to a small stump, from the front of which one side of the stone was projecting between the lids. I loosened it by incising the sclerotic around it, and had no trouble to remove it. The man was no little surprised to see what a stone came out of his eye. The prospect of getting rid of the severe pain he had suffered for sixteen long years caused him to give such expressions of joy as can come only from an Irishman.

It is very strange that Wylde did not discover the stone at the time he operated on the other eye for cataract.

STRANGULATED FEMORAL HERNIA.

REPORT OF OPERATION BY CHARLES WINNE, M. D., SANDWICH, ILLINOIS.

PATIENT, Mrs. C., forty-three years of age, native of the United States; mother of four children; of spare figure and of average height; general health good; bowels usually costive. Has had right femoral hernia for twelve years, descending and returning spontaneously, or readily reduced by assuming the recumbent position and slight manipulation; has worn a truss for the last four years.

Sept. 13th, 1873.—Saturday—Patient arose very early in the morning and was working in the milk-room, when she felt a severe pain in the region of her hernia. She immediately attempted to return it in order that she might replace her truss, which had been forgotten upon arising, but failed after repeated attempts in bed. The pain increasing, with great nausea, she sent for her family attendant, a homœopathist, at eight A. M., who came and reduced the hernia, as he

said, the patient all the time protesting that he had not returned it. He then gave her a large dose of castor oil and left, telling her it would be "all right." He was called three times during the day, and each time, after repeated attempts and failures at reduction, he ordered large doses of castor oil and opium, and left: his patient suffering the most excruciating pain and vomiting almost constantly.

Sept. 14th.—Sunday, one A. M.—Dr. Winne was called to see Mrs. C., the homœopathist having been discharged at twelve (midnight). Dr. V. Vermilye was called in council. Patient had been suffering for twenty-one hours with a tumor as large as a hen's egg in the right femoral region; found her much prostrated; pulse frequent and irritable; respiration of a sighing character; patient in great agony; constant vomiting; face hard and pinched. Chloroform was given, the patient placed in proper position, and gentle attempts at reduction made. Failing in this, ice was applied, and farther attempts at reduction made. Still failing, at six A. M. an operation was decided upon. Two of Dr. Winne's office-students having arrived, the patient was fully anæsthetized, and an incision made transversely across the upper portion of the tumor, intersecting this by another carried down toward its base. The various layers were then cautiously divided down to the sac with the assistance of a grooved director, and attempts made to relieve the stricture without opening the sac, but without success. The sac was then carefully opened up to the point of stricture, and was found to contain a mass of omentum as large as a pullet's egg, underlying which was an intensely congested knuckle of intestine. The stricture was carefully divided with the knife, and the intestine and omentum returned within the cavity of the abdomen, and wound closed. After the operation the patient was very much exhausted and depressed. Her oft-repeated "Oh, I feel *so* bad," was relieved by a hypodermic injection of one-sixth of a grain of sulphate of morphia, and stimulants. Vomiting and nausea presisted for some time. Cold water dressings were applied to the wound for several days. The patient was kept quiet by hypodermics of morphia; bladder relieved by use of the catheter. Iced drinks were given the patient with lime-water, milk, raw eggs, etc. The patient rallied and did well until the fourth day, when she had symptoms of an attack of peritonitis; these were relieved by full doses of morphia. Soon after this the portion of omentum returned was found in the bottom of the wound, sloughing. It sloughed entirely away and the wound filled up by granulation. The patient made a good recovery, and in two weeks was considered out of danger. When the patient was convalescing there was a tendency to return of the hernia, and she had to wear a truss. At present writing the patient is perfectly well and enjoying excellent health.

CHLORAL, HYPODERMICALLY.—Dr. John Bartlett states, as a result of his experience, that as an hypodermic remedy, chloral is abominable. At the point injected there appears a black slough-like spot set in the skin, whitened, as if frozen. Intense inflammation of spot succeeds; no slough occurs.

Editorial Department.

PLAGIARISMS.

ONE of the secular journals of our city recently published an editorial notice of the plagiarisms found in the Valedictory Address delivered at the last Annual Commencement of the Rush Medical College of our city. In this article, reference is made to the late exposure in the columns of the EXAMINER, of the plagiarisms discovered in an address incorporated with the transactions of our State Society.

The facts collated by the secular paper alluded to, are facts, indeed. They had come to our knowledge some time before the exposure was made public, and we had verified their truth by actual comparison of the published address with some of the pages, from which entire paragraphs had been taken without acknowledgment by the use of quotation marks or authors' names.

We have delayed calling attention to it mainly through fear that our motives might be misunderstood; but it is the plain duty of the medical journalist to call attention to any and all instances of violation of those rules that should govern writers in relation to the works of others, for in no other way can professional honor and literary fairness be maintained.

The author of the Valedictory Address, like the authors of the addresses before the Illinois and Michigan State Medical Societies, is a personal friend, for whom we have entertained the highest respect. Furthermore, we know all these gentlemen possess abundant ability and command of language, to do justice to any subject without borrowing from others. Hence, we have been all the more surprised and chagrined on seeing their productions sent forth to the world, so largely made up of the unacknowledged language and thoughts of others. Our chagrin has been further deepened by the fact that these gentlemen occupy positions in the profession which should make them scrupulously careful of the example they set. There can be no sectarian feeling in considering a question of this character. We all share in the honor reflected upon us by those who distinguish themselves and our common profession in the world of science or literature, and we do none the less proportionately suffer when one of us is dishonored in the eyes of the public. No one of us can, if he would, release himself from the sensitive and sympathetic bond that unites us. Each of us enforces it by an honorable and useful career. Each of us subjects it to a test, when he is guilty of an unjustifiable act. And of all men, those who hold official and honorable positions, should be the last to allow either indolence or ambition to so far beguile their consciences or obscure

their sense of propriety, as to exhibit themselves before the public in borrowed plumage. Detection, sooner or later, is certain. We need indulge in no word of harshness towards the author of the address which has elicited these remarks. Detection and public exposure is sufficient punishment. We would not add to its severity or make it more unendurable. We discharge our duty to the medical public by acknowledging the facts to which we have referred, and we sincerely trust that the example may finally end the abuse of confidence of which he is guilty, who addresses himself, either orally or in print, to his fellow medical men, in thoughts and words that are borrowed without credit from the stores of wisdom accumulated by others with infinite toil.

INTERNATIONAL MEDICAL CONGRESS.

WE have been requested to call the attention of the profession to the fact that the fourth session of the "International Periodical Congress for the Advancement of the Medical Sciences," will be held in the city of Brussels, Belgium, on the 6th of September, 1875. The circular issued by Prof. E. Warlomont, of the Royal Academy of Medicine, of Belgium, General Secretary of the Congress, gives in full the details of the proposed re-union, which will continue for one week. Delegates from Medical Associations, national and foreign, will be admitted by forwarding their credentials to the General Secretary, and will have the exclusive privilege of taking part in the discussions.

Members of the Congress will be assigned to five sections: the first, on Medicine, Surgery and Obstetrics; the second, on Military Surgery; the third, on Hygiene; the fourth, on Ophthalmology; and the fifth, on Pharmacology: each member being assigned to that section which he shall designate, and to more than one if it shall be so desired.

Those who are to present reports to the sections, will be designated by the committee appointed for that purpose; but other reports and communications will be received, not announced in the special order, the subjects of which are germane to the field assigned to each section. The definite conclusions adopted by each section will be submitted to the General Assembly by special reporters, selected by the former from among their number.

Those who desire to present communications on subjects not included in the order of business, must apply for permission to do so, at least one month before the session of the Congress, to the General Secretary. Permissions will be obtainable from the Committee on Organization, which will decide, also, as to the order of such extrinsic business.

Each speaker will be limited to twenty minutes in the discussion of a single question, but this limitation

will not apply to the reporters of the Congress. All papers read before the Congress will be placed at its disposal, and, after its session, the Committee on Organization will decide as to the partial, total or non-insertion of such papers in its published transactions.

Although the French will be the language employed in the discussions of the Congress, members will be permitted to express themselves, if desired, in other languages. If it be considered expedient, interpreters will be employed to translate on the spot the communications addressed to the Assembly in such other languages.

The above is a brief summary of the facts represented in Prof. Warlomont's circular, which we thought might be of interest to the readers of the EXAMINER. The editors will be pleased to give any further information in regard to the Congress which may be sought by those who conclude to take a special interest in its transactions.

Communications to the General Secretary may be addressed to "M. le Dr. Warlomont, 152 Rue Royale, á Bruxelles, en Belgique."

CHICAGO MEDICO-HISTORICAL SOCIETY.

A SPECIAL meeting of this Society was held in the parlor of the Tremont House, Thursday evening, August 20th. The Secretary stated that on the Monday evening previous he had mailed to each member of the Society a proof sheet containing the list of regular physicians in the city of Chicago, as passed upon by the Society at its previous meetings. This was done in order that members who had not been present at all of the previous meetings, might have an opportunity to scrutinize the entire list, and, at the present meeting, to call for a reconsideration of any names to which they might take exception.

Unfortunately, however, by some fault of the Post-office, these lists reached the members only on Wednesday evening, or during the following day, Thursday, a few hours previous to this meeting called to finally consider them.

It was suggested, therefore, that the final action on the list be postponed for one week, in order that the names might be more thoroughly canvassed and the necessary facts and evidence obtained regarding the doubtful cases. This proposition was, however, overruled by the Society.

Several names previously missed or passed over for want of information, were brought up, and being favorably endorsed, were passed for admission to the list.

The vote of admission was also reconsidered in quite a number of instances, and the standing of the parties more fully canvassed. The names of two or three of the younger *wrong-doers*, poor, friendless, and with nobody to advocate their cause, were expunged.

The most objectionable names on the list, however, including several open, acknowledged and universally

recognized advertising quacks and charlatans, were either not called up at all, or, when brought forward, were defended by the eloquent appeals of a certain clique who privately favor and sustain, although they have not the courage to openly advocate, the irregular and unprofessional practices of these men.

We fully expressed our opinions in the last number of the EXAMINER regarding this so-called list of regular physicians, which has been passed upon and endorsed by the Chicago Medico-Historical Society.

The attempt at this last meeting to revise and correct the list, proved an utter failure, and, as now ordered for publication, it stands essentially the same as when previously criticised by us. A more just or reasonable action is scarcely to be expected from this Society as at present constituted and officered.

Under the circumstances there is but one honorable course left for the respectable regular members of this Society to pursue; that is, to withdraw at once their names and influence, and thus allow the irregulars and quacks, and those who lower themselves to their level by advocating their recognition, to stand responsible for their own action, in the publishing of this *Register and Directory*.

F. H. D.

Correspondence.

INFLUENCE OF CLIMATE ON DISEASE.

MESSRS. EDITORS: I propose to follow a former letter to your journal by a cursory account of some of the acute diseases which I have treated in this city.

The advantage to accrue from accumulating medical observations taken in different latitudes and climates, rests wholly upon the proposition that climatic conditions affect the clinical career of diseases. It is now some years since Boudin published a paper in the "Annales d'Hygiene Publique," entitled "Recherches sur l'Acclimatement des Races Humaines sur divers points du Globe." This article commences with this enquiry: "Is man the cosmopolite he has heretofore esteemed himself to be, or do the preservation of his life and the propagation of his species depend upon climatic conditions bearing more or less close relation to those of the land of his birth?" Whatever postulate the well man may choose to assume in regard to his capabilities to support or enjoy life, in any and all climates, the physician who changes his latitude, or who serves a community whose pursuits require exposure in different latitudes, soon learns how important it is for his success, to obtain the cue to those particular manifestations which are due to climate or race.

It is a fact, almost universal to our profession, that when acute inflammations become a topic of discussion,

"pneumonia" is selected as affording the best examples for illustration. Aside from the force of professional custom, as determining a precedent, there are, in my opinion, other and more important reasons why the study of this disease essentially bears upon questions connected with climatic influences upon acute disorders.

Three propositions may be stated which cover the whole ground. The first of these holds that in warm climates certain morbific agents, by their greater abundance or activity, increase the liability to pneumonia. While it is generally admitted that exposure to low thermometric readings is the most prolific cause of pneumonia in cold latitudes, it must be remembered that falls of temperature, relatively as sudden and considerable, likewise occur in this latitude. Pneumonia is, consequently, with us, a disease mostly prevalent during the cooler half of the year. Prof. Chaille's compilation of mortality statistics of New Orleans, shows that in the five years ending with 1870, there occurred 1028 deaths from pneumonia during the half years ending with April, against 617 during the half years ending with October.

But in addition to variations of temperature, there is diffused over every square mile bordering the lower third of the Mississippi, an agent more mischievous against human health and life than all others combined. This is malarial poison. Does it increase liability to attacks of pneumonia? I add my opinion most emphatically to that of the learned Greisinger, that it does. This opinion rests both upon observation and analogy. The proofs furnished by observation I will not undertake to lay before your readers, as they are too voluminous for mere desultory letters. The proofs afforded by analogy, may be found in that close resemblance in blood changes, between the malarial cachexia and the cachexia of Bright's disease. All of us admit that Bright's disease increases the frequency of attacks of pneumonia in common with inflammations of other surfaces.

The second of these propositions holds that the morbific agents, alluded to in the first proposition, exert a very unfavorable effect upon the mortality of pneumonia occurring during their presence in the system. Whatever discussions may be considered proper before accepting or rejecting the first proposition, the truth of the second cannot be questioned. The degree to which one of these agents is capable of influencing the death rate of pneumonia, will be shown as we progress.

The third proposition is, that long-continued exposure to the heat of warm climates, by diminishing constitutional vigor, renders pneumonia a more fatal disease in warm climates than in those which are colder and more bracing. All physicians know that the functional lesions of pneumonia entail upon the human economy, an amount and variety of derangement of chemistry which scarcely any other disease can inflict. It thus becomes a most extraordinary test of the constitutional vigor of its subjects.

However our short-comings may be attempted to be explained, it is certainly true that we invariably fail in obtaining such gratifying results in the treatment of pneumonia, as those which Bennett boasts of in Edin-

burgh, or of the surgeon in the British army while stationed at Montreal.

Prof. Chaille shows that the proportion of deaths to cases treated in Charity Hospital, during ten years, was two in five. These figures relate to the whole hospital, and cannot, therefore, be chargeable to any individual imperfections of treatment. Again, taking my own hospital service for seven half years, beginning October 1st and ending April 1st, and the proportion of deaths reduced to Prof. Chaille's rule of estimate, was a little under one and three-fifths for each five cases. We had, however, no selection of cases, and those brought in when moribund are included in the count.

The most common and serious complication was malaria. This is recognized to be so universally present, that I never begin the treatment of a case of pneumonia without administering free and repeated doses of quinine, immediately succeeding the action of a mercurial or saline purge, if such medication was demanded. I gave from a scruple to half a drachm in doses of five to ten grains every third hour. If pain was a prominent symptom, or even if it were not present, and there was no contra-indication, I combined five grains of Dover's powder, or its equivalent in some other form, with each dose of the quinine. The contra-indication to opium in pneumonia in this climate, is the bronchorrhœa and pulmonary œdema often present. Blisters I very seldom resorted to. More often I used, for urgent pain, a hot turpentine stupe. In every case I kept the chest continually enveloped with a sheet of oiled muslin, under which was neatly applied a band of flannel preferably wrung from warm water before its application. For excessive fever I used digitalis, veratrum viride, or aconite. Patients were encouraged to drink largely of lemonade, generally made of a diluted infusion of flax-seed instead of water. If I desired a gentle effect upon the bowels, a teaspoonful of bitartrate of potash was used to each tumbler of the lemonade. The patient's nutrition was made a point of special attention, and all adynamic symptoms were met by concentrated diet and alcoholic stimulants. Carbonate of ammonia was much prescribed. I was never able to satisfy myself that either the carbonate or the acetated solution possess the virtues ascribed by Dr. Chambers. In two cases death was hastened, if not principally produced, by heart-clot, which was diagnosed, in one instance, twenty hours before death. Large doses of carbonate of ammonia were given, for at that date Richardson's doctrines were neither recanted nor disputed. No apparent benefit resulted.

I have never been able, practically, to verify the statements made by some writers in regard to the occurrence of *intermittent* acute inflammations. While, without violence to known pathological laws, we admit that the revulsion of a malarial paroxysm is quite sure to aggravate any co-existing inflammation, no case has occurred to me in which I was able to perceive that the progress of the inflammation was limited to the malarial paroxysm.

I have always observed the strictest watchfulness in order to prevent the recurrence of malarial paroxysms during the progress of pneumonia, or

during convalescence from it. Any increase of the discrepancy between morning and evening temperature would furnish an indication for quinine. Even if this did not exhibit such indications of waxing malarial influence, I generally considered it a good rule to give from ten to fifteen grains of quinine every third day.

In looking over my private practice for three years, I find that I have treated ten cases of pneumonia, one of which resulted fatally. Three of this number were of the negro race, and the fatal case belonged to this group. The negro's constitution succumbs to attacks of acute disease more readily than the white man's, and this is especially true in regard to pneumonia. But as this letter has already reached greater length than designed, I will leave the discussion of this point to a future number.

Respectfully,

MEDICUS MERIDIONALIS.

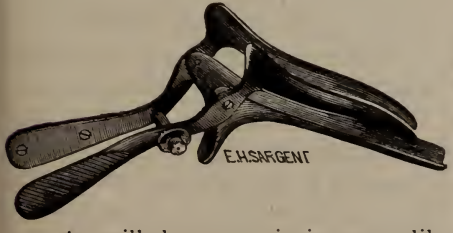
Prytania St., New Orleans, July 20th, 1874.

AN IMPROVED SPECULUM.

By Daniel T. Nelson, M.D., Prof. Physiology and Histology Chicago Medical College.

So many forms of uterine speculum are now to be found in the stores, one may well hesitate to add to the number—already legion. But this variety demonstrates both the progress of gynecology and the probable fact that a perfect speculum has not yet been made.

The one I now offer the profession is very well represented by the accompanying wood-cut.



As will be seen, it is more like Nott's latest than any other instrument. It differs from Nott's in having the lower blade longer and of better shape to receive the neck of the uterus, and in having handles for elevating and holding the upper blades.

The measurements of the instrument are as follows: Lower blade, 4½ inches; extending beyond upper blades 5-8 of an inch; length of instrument, including handles, 7½ inches. The upper blades are made shorter than the lower to correspond with the anatomy of the parts, as the posterior vaginal wall is longer than the anterior.

Some object to Nott's, and doubtless will to this instrument, that it is too short. But no physician has any difficulty in reaching the os uteri, except in rare cases, with the index finger, the available length of which rarely exceeds three and one-half inches, and the lower blade of my instrument is four and one-half inches in length and the upper blades nearly four inches. If the os is not exposed when the instrument is ex-

panded, the difficulty is not in the length of the instrument but in its position, or because it is not sufficiently expanded to raise the anterior wall of the vagina.

To introduce the instrument: The patient reclines on the back upon the gynæcological chair, with the hip near the edge of the chair. Having ascertained the position of the os uteri, grasp the speculum with the right hand with the fore-finger resting upon and projecting beyond the lower blade, and hold the handles vertical. Then carefully introduce the fore-finger into the external organs and follow it with the instrument. When the instrument has passed beyond the external organs, it should be rotated so the handles shall lay horizontally; then, pushing the lower blade along the posterior wall of the vagina, it will pass under the posterior labium of the os. Then, compressing and bearing downwards and backwards upon the handles, the anterior vaginal wall will be raised and the os exposed, when the handles can be fastened by the thumb-screw. The instrument is self-retaining when sufficiently expanded.

If the os is not at first exposed, the instrument, partially expanded, may be withdrawn a little so as to allow the lower blade to pass under the os; or the os may be raised by the fore-finger inserted through the expanded instrument, by raising the anterior wall of the vagina, there being ample room for the fore-finger to pass between the expanded upper blades. Or the os may be raised into the field of the instrument by a Simpson's sound, or like instrument, used as a lever. When the os is exposed, the uterus may be held in the field by a tenaculum, which can be fastened to a hook on the right upper blade.

My tenaculum is the same as Nott's, except that it has a handle like an applicator. When the tenaculum is fastened into the anterior labium of the os from below upward, it rarely is felt at all by the patient, and the little hæmorrhage which may occur will be of no disadvantage. The advantages claimed for this speculum are:

1. Its length is such as to expose the uterus *in situ* by bringing it *nearer* the external organs, rather than pressing it deeper into the pelvis as do the longer instruments.

2. Thus giving a *better light*, which is often of great importance, especially when the physician is obliged to visit the patient at her home.

3. The instrument is so short, and the upper blades expand in such a manner as to readily allow of the rectifying of any malpositions of the uterus through the expanded instrument, which is impossible in all the long instruments.

4. A large portion of the *vaginal walls* are exposed for examination and treatment, if needed, and by rotating the instrument the whole may be exposed.

5. While the blades are short, they are capable of expanding the vaginal walls more than any of the short instruments, and, indeed, more than most of the long ones.

6. The urethra and meatus are not pressed by the instrument, but lie between the upper blades, where they may be readily examined and treated if necessary.

I am under obligations to Mr. E. H. Sargent for the mechanical beauty and perfection of the instrument, and

for the interest he has taken in its success.

The speculum may be seen at Sargent's, 785 Wabash ave., cor. Sixteenth St., Chicago, and at Codman & Shurtleff's, Boston, Mass.

1108 Indiana avenue.

UNIVERSITY OF VIENNA. — It is announced that Prof. Rokitansky is about to retire from the chair of Pathology in this University. Prof. Von Recklinghausen, of Strasburgh, has been invited to become his successor.—*Med. News.*

BERLIN NOTES.—NO. II.

A CLINIC WITH BARON VON LANGENBECK.

By M. P. Hatfield, M.D.

SCENE I., 1:45 P. M.—Large, shabby amphitheatre; seats broad, wooden stairs, uncomfortable enough to have been chosen for Patience's smiling place; students scrambling for the best places; air full of tobacco smoke and expletives.

Scene II., 2 P. M.—Sudden silence and respectful rising on the part of the students. Looking down in the cock-pit, we see in the midst of his attendant "practical physicians," a gray-haired, well-preserved, soldierly old man. It is Herr Prof. von Langenbeck, elegant in dress and address, and of manners most courtly—except when sorely tried; *e. g.*, he bows to the students and selects from the list one who is expected to make a diagnosis and prescribe the treatment necessary for a little baby that has just been laid upon the operating table. Herr B. has, unluckily, not made a specialty of spina bifida. He utterly fails in diagnosis, and, when, hard pressed for treatment, he suggests that a section be taken out of the spinal column, the baron's righteous indignation knows no bounds. Baby has a carbolized dressing applied, and poor B. flies incontinently to the upper back seats.

Case No. II is brought in upon a stretcher, and proves to be a young woman with a hideous protrusion of the left cheek. Examination reveals a tumor—probably malignant—in the antrum; hence excision of the upper jaw is determined upon. A la Nussbaum, Langenbeck then proceeds to perform tracheotomy, making fast to the tracheal tube about three feet of rubber tubing. This communicates with a chloroform inhaler, which is placed outside the crowd about the table, thus giving the one administering the anæsthesia plenty of elbow-room. The patient's mouth is now plugged; Langenbeck makes a curved incision downward from the inner angle of the eye to the tip of the ear, and removes the superior maxilla at his leisure. The hæmorrhage, of course, is great, until checked by means of hot irons, under which the tissues siss and hiss like St. Lawrence on his gridiron, but the operation was *wunderschon*. What is left of the patient's face is sewed together, a flap is brought down from her forehead to

fill a gap near the inner canthus and the girl is carried away, happily unconscious of all that has happened.

[N. B.—During the whole of this operation, as in almost all that we saw at Berlin, chloroform was given without stint and seemingly pushed to a dangerous extent. Nevertheless, this woman made a good recovery, was not greatly disfigured, and at last accounts was walking about the hospital wards.]

Case III. is necrosis of the ankle, requiring Syme's amputation of the foot. This is performed exactly as laid down in the books, except that the schlauch-tourniquet is used. This hose tourniquet, as you may know, consists essentially of two to three feet of small rubber hose—about an inch in diameter—and a long, strong, elastic bandage. The latter, beginning at the toes, was applied so closely that nearly all the blood was driven before it out of the limb. The bit of hose was then twisted around the leg—over the femoral artery—as tightly as two men could pull it, and secured by means of a hook and chain in its ends. On removing the bandage the limb was found pale and exsanguineous, and hence the operation was almost literally bloodless. No doubt this was in part due to Langenbeck's skillful fingers, but we doubt if with any other tourniquet even the best of surgeons could have amputated a foot with so little hæmorrhage. Except a little cutaneous oozing, the cutting was as clean and easy as if it had been done upon smoked beef, and the amputation performed with a neatness and dispatch very unlike the previous operation. Then, of course, it would have been injudicious to wind a schlauch about the patient's throat, but in all operations upon the limbs the hose tourniquet has proved a valuable and efficient aid to the surgeon. But is there no drawback to its use? Yes, there is always somewhere a weakest spot, and here it consists in possible paralysis. We have no account of any bad effects following its use in amputations, but on looking over our notes we find a case where paralysis seemed to result from its use in a tedious operation for anchylosis of the elbow. In lecturing upon this case Langenbeck alluded to another, in private practice, where persistent partial paralysis of the hand occurred after prolonged pressure of the rubber tube upon the brachial plexus. These were the only cases in which he had observed evil results, and with these two exceptions—both in the upper extremity—Herr Prof. von Langenbeck has always secured the most fortunate results, and esteems the schlauch tourniquet as one of the most valuable discoveries of modern surgery.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, AUGUST 10, 1874.

Reported by Ralph E. Starkweather, M.D.

DR. A. Fisher was, upon motion, called to preside, the two Presidents being unavoidably absent, when the hour for business arrived.

The names of Drs. H. N. Hurlbut and F. L. Wadsworth were proposed for membership, and referred to the Board of Censors. Dr. Etheridge read an exceedingly interesting article, which he had translated from the *Progres Medical*, being a paper by Dr. H. Chauppe on the Therapeutical Study of Ipecac when used in the Sweats of Pulmonary Phthisis. The paper will appear in full in a subsequent number of the EXAMINER.

Dr. D. A. K. Steele, of the County Hospital, reported the following four cases of land scurvy, treated in the medical wards of Cook County Hospital:

Case 1st.—E. M. J., aged thirty-five; cabinet-maker; native of Norway; admitted July 25th; states that he has been in this country nine years; suffered from rheumatism before coming to this country; was perfectly well on the voyage; for five years he enjoyed pretty good health, with the exception of an occasional attack of intermittent fever; for the past three or four years he has been boarding himself, living in the basement of a barn, it being a cold, damp and dirty room, and sleeping in his clothing on a bench; working at his trade when he could obtain anything to do; subsisting on bread and meat, with occasionally a glass of ale and porter. For the past two years his diet consisted almost exclusively of salt pork, ham, rye bread and coffee. He has eaten no vegetables whatever, and the low state of his finances precluded the use of the ale and porter. He was subject to melancholy and habitually low spirited, and paid no attention whatever to personal cleanliness. Six weeks ago he commenced to have pain in his back and side, and his arms and legs became stiff. The following week he began to have severe headache and constant thirst; his bowels became costive. Four weeks ago he noticed that his mouth became sore and his teeth loose, four of them falling out; he was unable to masticate his food; the gums became swollen and painful; had an offensive taste in his mouth.

On admission: The patient is of medium height, sanguineo-nervous temperament, and presents a pale, exsanguinated appearance; skin dry and harsh; pulse 88 per minute, weak and compressible; respiration 24 per minute; temperature 98°; appetite good; bowels costive, having

moved only twice in the last four weeks; he urinates readily, the water being high colored and somewhat scanty; complains of pain and stiffness of the legs, difficulty in mastication, with some pain in the chest and shortness of breath. On examination, find the tongue pale and flabby; gums swollen and spongy, almost covering the teeth in some places, and bleeding very readily; breath very offensive. The lower extremities are covered with large blotches of ecchymosis, most marked posteriorly; there is also some degree of ecchymosis around the left eye. Below the knees the legs are covered with a petechial eruption; the limbs are somewhat œdematous, the serous infiltration of the tissues around the knee-joint interfering with perfect flexion and extension of the legs. On physical examination of the chest, find the heart somewhat atrophied; a soft blowing murmur follows the first sound, at both base and apex. The lung sounds are nearly normal. Expiration is slightly prolonged.

Case 2nd.—T. C., aged 8, schoolboy, U. S., admitted July 27th, states that he has been living in a Catholic Orphan Asylum for the past year. He was well until five weeks ago, when his gums became swollen, bleeding easily; teeth became loose, and the legs swollen and painful. His diet at school was composed of meat, bread, soup, &c., but vegetables were entirely excluded; slept in a clean, airy room, and bathed the entire body once daily.

On admission: The patient is a bright, well-nourished lad; skin rather sallow; tongue pale; appetite good; bowels costive, moving but once a week; stools dry and hard. On examination, find patient's gums swollen, spongy and soft, nearly covering the teeth; teeth loose; breath fetid; find the legs œdematous; blotches of ecchymosis about the popliteal spaces, and a purpuric eruption below the knees. For the past few weeks he has been troubled with incontinence of urine.

Case 3rd.—J. N., aged 9, schoolboy, U. S., admitted July 30th.

He has had the same diet and hygienic surroundings as the previous patient, being an inmate of the same institution. He was well until two weeks ago, at which time his mouth became sore; the gums became swollen and bled easily; the teeth became loose, two of them dropping out. Soon his right leg became stiff and he had pain in the knee, it becoming swollen, and ecchymosis occurring upon the posterior aspect of the leg. He felt weak, and easily became exhausted.

On admission: The patient is emaciated and anæmic in appearance; tongue pale; conjunctivæ pearly and bloodless; appetite fair; bowels costive, moving only twice in two weeks; pulse 120 per minute; respirations 28; temperature 98½°.

On examination, find the gums swollen, spongy and tender; right knee stiff and painful from serous and synovial infiltration about the joint; both legs are slightly œdematous, and covered with petechial spots below the knees.

Case 4th.—S. M., aged 8, schoolboy, U. S., admitted July 30th. He also had the same diet and hygienic surroundings as the the two previous

patients. He was well until ten days ago, and since that time he has manifested symptoms similar to those of the previous patient.

On admission: Patient seems fairly nourished, but the tongue is pale and flabby and the conjunctivæ pearly. Complains of sore mouth; bleeding of the gums; looseness of the teeth; pain and stiffness about the knee-joints; appetite good; bowels regular. On examination, find legs and thighs œdematous and ecchymosed; knee-joints stiff; purpuric eruption below the knees.

These patients were ordered a vegetable diet, with acid drinks, and tincture of the chloride of iron. Locally, used a mouth wash of permanganate of potash, one grain to the ounce of water. Under this treatment they have steadily improved, the ecchymosis, œdema, purpuric eruption and stiffness of the legs gradually disappearing. They have attained a ruddy, healthy appearance, very much in contrast with the sallow, exsanguinated appearance they presented on admission. They have been allowed to go out and take plenty of exercise in the open air every day.

Considering, then, that scurvy is one of the most difficult diseases to cure, and noting the prompt alleviation of the symptoms in these cases, under the use of abundant vegetable diet, moderate exercise, and remedies calculated to supply the deficiencies existing in the blood, we present the cases above detailed as an addition to the literature of the subject.

Dr. Hyde brought before the Society the subject of prescribing proprietary medicines or remedies—a practice so largely on the increase in this city, that six out of nine of the prescriptions received by the average grade of drug stores (perhaps not so large a proportion by the best class of stores), ordered proprietary medicines, and even named the makers of the goods. He entered his protest against such practice, and against the swarms of traveling salesmen who throng into the offices, peddling their samples of medicines, repeating their glib stories with tiresome sameness. Thus they go the rounds, month after month, and leave their bottles behind them, hoping, by donating a few samples, to increase the demand for their goods. What is the effect upon the wholesale drug-dealer? His stock will be made up of *proprietary medicines*, one-sixth; *patent medicines*, one-third; *paints* and *oils*, one-third; and the balance, *one-sixth*, of *drugs* and *medicines for prescriptions*.

Dr. Hay suggested a remedy which he had persistently applied; he orders the drug peddler out of his office and throws the medicines out after him.

Mr. A. E. Ebert, a leading druggist of this city, Editor of the *Pharmacist*, and lately President of the American Pharmaceutical Association, was present, and, by request, addressed the Society substantially as follows:

Twenty years ago the wholesale druggists sold, in equal quantities, drugs and patent medicines. Fifteen years ago, the fluid extracts and preparations of the so-called "Elegant Pharmacy" became the fashion. In 1860, the U. S. Pharmacopia fixed the strength of fluid extracts, but no honest, conscientious pharmacist can prepare them and compete successfully with the dishonest manufacturers.

Mr. Ebert exposed the vagaries of the elixir and the sugar-coated pills business, and various adulterations. One of these consisted in taking the silver coin of the country and making the same into nitrate of silver: in one case he found one ounce of pure copper in thirteen of nitrate of silver. The makers of many articles of "Elegant Pharmacy" cannot, by any exertion, sell their goods in their own cities. The people are learning to do without physicians, and can go to the stores, look at the medicines and buy whatever they choose. It injures the physician and degrades the pharmacist—makes middlemen of them—and kills off all incentive to accurate, scientific, honorable pharmacy. The only way in which to quell this evil is to cease mentioning names of makers, and to order only the officinal remedies authorized by the U. S. Pharmacopia.

Dr. Hay said that the remarks of Dr. Hyde and Mr. Ebert suggested the relations which ought to exist between the druggist, pharmacist and physician. After referring to the attacks lately made by secular papers upon the profession, alleging that physicians were defrauding the public and their patients by collusion with druggists, from whom they received a commission on prescriptions and other perquisites, he said: "If these charges are true, it is quite time we should relieve ourselves of the odium; if false, let us refute them. I am interested in the profession—its standing, its integrity, honor, and the confidence it receives from the public, which is the sole basis on which it rests." He had made some investigations which had induced him to think that the charges, as made, were true. He would, therefore, introduce the following preamble and resolutions, which were passed without one negative vote, in a meeting of above the average attendance of members:

WHEREAS, The medical profession of Chicago, on several recent occasions, has been charged in the Chicago *Times* with collusion with pharmacists, for the purpose of extorting money from their patients; and,

WHEREAS, This collusion is alleged to be effected in various ways; such as

1. The use of prescription papers bearing the business cards of pharmacists.

2. The occupation of offices free of, or at nominal, rents adjacent to or belonging to pharmacists.

3. The writing of private formulæ understood by certain pharmacists exclusively.

4. The acceptance of commissions upon prescriptions from pharmacists; and,

WHEREAS, The practices above designated, although deprecated by many, always have been maintained by many others, innocently and in good faith, unsuspicious of their abusive application; therefore, be it

Resolved, That the Society of Physicians and Surgeons of the City of Chicago recognize the fact that the practices above designated tend to the degradation and demoralization of the medical profession, to the diminution and withdrawal of public confidence, upon which its existence depends.

Resolved, That the members of this Society pledge themselves, as individuals and as an organization, to discontinue the practices above designated, so far as they may have adopted them, and to discountenance them in others so far as their influence may extend.

Resolved, That the Society regards the acceptance of commissions upon prescriptions, by physicians from pharmacists, positively disreputable and dishonest, and to be deemed a

sufficient cause for the rejection of an applicant for, or the expulsion of a holder of, membership herein.

Dr. Jackson, in seconding the adoption of the resolution, said that it was a growing evil, and so far as it rests with us, we should shake it off.

Dr. Hamill—I heartily concur with the sentiment of the resolution.

Dr. Etheridge—The evil is imaginary rather than a real one. He had called on a few of the leading druggists, such as Bliss & Sharp, Dyche, Sargent, Buck & Rayner, and found that they never allowed commissions. He was astonished to find so little of it. The *Times* reporter circulated among the lower classes of physicians and druggists: it is the charlatans who bring these charges upon us. Are we not fighting a phantom?

Following remarks by Drs. Hamill and A. Fisher, Dr. Jackson said he hoped the practice was much less than was alleged, but thought that where there was so much smoke there must be some fire, and alluded to an incident where a medical friend of his had a bottle of perfumery and a roll of bank bills presented to him by an apothecary as a commission for prescriptions. The money was indignantly returned, and his friend forever afterwards withheld his patronage from that druggist.

The following resolution was proposed by Dr. Hyde:

Resolved, That a committee of three be appointed by the chair to co-operate with a similar committee from the Chicago College of Pharmacy (should such be appointed), in order to consider what, if any, measures are requisite in order to correct the great and growing evil in our midst of the prescribing of proprietary medicines, by name or otherwise, and of the accepting of samples of such medicines as are distributed in this city by the agents of eastern wholesale drug-houses. And that such joint-committees (should concurrence be had) report in full to the Society for such action in the premises as may seem to it desirable.

Dr. Hay seconded the resolution.

Mr. Ebert was of the opinion that the College of Pharmacy would co-operate.

Dr. Wilder gave details of a case where a druggist, who had probably never seen the inside of a medical or pharmaceutical school, took charge of a labor case, but finding it a complicated one, became frightened, and sent purposely to a physician other than the one regularly attending the family.

The resolution was passed by an unanimous vote, and Drs. Hyde, Hay and Etheridge were appointed as such committee.

Dr. Jackson, on behalf of the Fee Bill Committee, reported a schedule of rates for fees. The Committee were directed to confer with a similar committee of the Chicago Medical Society.

Upon motion, the Society adjourned.

SANITARY NOTES.—The whole science of hygiene may be included in the one word CLEANLINESS. The removal of refuse of all kinds, solid, liquid, and gaseous, is embraced within it, and pure air and water become a necessary result of the operation. It is a trite saying, "Nature abhors a vacuum," or, more correctly, it may be said, Nature always *supplies* a vacuum. Whenever we remove foul matter, stagnant water, and superfluous dust, we admit air, and generally far purer air, and water, to take their places.—*Sanitarian for September.*

CHICAGO MEDICAL SOCIETY.

REGULAR SEMI-MONTHLY MEETING, AUG 3, 1874.

Reported by Will. T. Montgomery, M.D.

DR. QUINE read a paper presenting the most important facts from a record of a number of cases of puerperal metritis, metro-peritonitis and puerperal septicemia, which had occured in Cook County Hospital. In the cases presented, the line of distinction between the three diseases was pretty clearly drawn. With reference to treatment, blisters and poultices to the abdomen were used in all cases. The chief treatment in the cases of simple metritis was veratrum or aconite, combined with opium sufficient to relieve pain; and attention to cleanliness. The cases of puerperal septicemia were treated substantially as typhoid fever. The opium treatment was used in the cases of metro-peritonitis. In two cases that recovered, half drachm doses of morphine were given for several days in succession. The pulse was kept between four and eight in the minute. To one patient seven grains of morphia were given several successive hours, and for two days previously five grains were administered every hour. The morphine was gradually withdrawn three days before death, and while it was used no effect was noticed on the pulse or respiration. Veratrum was faithfully tried,but invariably increased the frequency and diminished the fullness of the pulse. Quinine had a marked effect in diminishing the intensity of the fever. His experience was decidedly in favor of opium and quinine.

Discussion—Dr.C.M.Fitch had seen five well marked cases of puerperal fever, and all were fatal. He related a case following abortion which forcibly impressed him with the contagiousness of the disease. All he had read on the subject had been eminently unsatisfactory. Dr. Jacobson had seen local depletion, by means of leeches to the abdomen used a great deal, but had not been encouraged to use it in his own practice. He had seen good effect from the use of collodion to the abdomen. There is a great difference in regard to prognosis, in different epidemics. Little can be done after the disease is well established. We cannot exercise too much care in the prevention by contagion. He thought the disease often arose from products of the uterus, retained by inertia, and recommended the use of ergot in cases of faulty contractions. Two cases he had seen in which the death of the fœtus seemed to have been the cause of the disease. Dr. T. D. Fitch had had but little experience with the disease in private practice. He agreed with Dr. Jacobson in reference to the importance of prophylaxis. Patients may be infected by the physician after making autopsies, or attending erysipelatous cases. The greatest care should be observed in disinfecting the hands and clothing. He coincided with the views of Dr. Jacobson with regard to the retained products of the uterus and ergot. He is particular to give ergot in all cases in which there had previously been post partum hem-

orrhage or inertia. Injury to the parts may be an exciting cause of the disease. As regards mortality, much depends upon the severity of the epidemic. In the treatment of puerperal cases he secures an early evacuation of the bowels—prefers castor oil. He did not use vaginal injections unless the discharges were offensive. He usually began the treatment of the fever by giving veratrum in four-drop doses, and increased the dose until the pulse was brought down to sixty or seventy. In malignant cases, veratrum would not reduce the pulse, and stimulants were indicated. He used blisters, but never bleeding, and withdrew the veratrum as the case progressed. Heroic doses of opium were less to be advised than those sufficient to control pain. Dr. Stillians had never had a case of fever in a patient which he had delivered, and had flattered himself that it was due to his management of his patients. He used vaginal injections in all his labor cases. Dr. Strong had seen eight cases; six died and two recovered. One of the cases that recovered was leeched, and in the other, stimulants and quinine were used. Dr. Paoli said that we labor, under the delusion that these cases sometimes recover, he did not believe any well marked cases ever recovered, and he did not believe any gentleman would aver that he had seen such recover. He did not believe it was always possible to distinguish between the different puerperal diseases. Bleeding and veratrum do not have any curative effect, but only control the severity of the symptoms; so with quinine. No medicines had any curative effect in this disease. A thorough examination will always discover pus in the blood of the puerperal fever cases. Dr. Millard had never been able to distinguish between puerperal fever and peritonitis; he had had success from venesection in the treatment of these cases. He considered complete contraction of the uterus after delivery most important.

Dr. Taggart had seen the veratrum and opium treatment used in an epidemic in Buffalo, with unsatisfactory results. Dr. Van Buren did not know what puerperal fever was; he had been taught from books that it is an inflammation; if we knew just what it is we might treat it intelligently; if there was any truth in the poison theory, he thought it was important to secure firm contractions of the uterus; he had never seen but one case of the fever, and that died. Dr. Etheridge inquired as to the large doses administered in one of the cases reported. Did the patient really take seven grains of morphia for a number of hours in succession? Dr Quine responded that the dose was gradually increased to seven grains, and repeated a number of times; such heroic doses were only administered in the one case. Some important points had been brought out in the discussion, that were not alluded to in the paper; first, as to the contagiousness and nature of the disease. He had used the term generically, and did not think there was any connection between puerperal fever and other inflammations; the poison may enter the system through any open blood vessels. Puerperal fever might occur before confinement. He had never communicated the disease, and latterly had not used great care. The specific virus may be readily communicated by one, and not by another. One midwife had recently furnished him eleven malignant cases.

He had seen cases in which the injudicious use of cathartics seemed to aggravate the disease, and hasten a fatal termination. He had used quinine and nux vomica in cases of inertia with good effect. Quinine was the most efficient remedy in restraining the disease, and he administered it to cinchonism. He had also used stimulants in most cases. Pain was not a marked symptom, and he did not give opium for its anodyne, but for its specific, effect upon the inflammation. He was as sure as he could be without autopsy, that he had seen true cases of puerperal fever recover.

Dr. Mary Thompson asked: Is it right for a physician to go from a case of eruptive fever to a case of confinement?

Dr. Paoli answered in his usual positive manner, "No!" After miscellaneous business was disposed of, a motion to adjourn prevailed.

Gleanings from Our Exchanges.

ENGLISH MEDICINE, MEDICAL BOOKS AND AUTHORS—AMERICAN BOOKS IN ENGLAND—JOURNALS, ETC.

London Correspondence in the Clinic, August 1st, 1874.

WHATEVER may be said of the work done by the physicians of other nationalities, it must be admitted, I think, that the place filled by the contributions of English medicine is one of the largest and most important. Billroth, a typical German, and, as everybody knows, one of the foremost medical men of our time, pays a just tribute to English physicians when he declares in his introduction to his Surgical Pathology, that the most important contributions to our science have been made in England. The conservatism, the cautious habit of the English mind, and, I may add, its honesty, have, it is true, apparently hindered the development of English medicine, but have certainly established on a firmer basis all the improvements in our science and art coming from English sources.

The English medical authors, as I have intimated in previous letters, are chiefly the younger men, who alone have the time to undertake original investigations or to engage in the labor of literary composition. The book, whether intended to represent practical or scientific medicine, whether a compilation of existing knowledge on the subject treated of, or intended to put forth the results of experimental research, is usually a venture made by the author himself with the object of improving his position in the profession and of introducing him into practice. There are but few London medical men who devote themselves exclusively to scientific medicine, and the most of the really satisfactory work in this direction is accomplished under great disadvantages by those who are struggling into practice.

Most of the English medical works are pecuniary ventures of their authors, and no risks are assumed by the publishers. I was informed by Dr. Beale that he personally superintended every stage in the publication

of his works, selecting paper and type and witnessing the making and printing of the illustrations. The sale of the book, if successful, reimburses the author for his expenditure, but the chief recompense comes from the increased business which the book brings. Not unfrequently a book on some special disease or group of diseases, is put forth merely as an advertisement. One may see in the secular press, especially in the *Times*, advertisements of these works with commendatory notices annexed. This mode of bringing themselves before the public, employed, too, by reputable men, has, however, been recently sharply rebuked by the medical journals, and has been officially inquired into and condemned by some of the societies.

Whilst it is true that the physicians of the United States have been so largely dependent on English sources for their supplies of medical information, it is now quite apparent that a small but increasing current of medical literature is setting in from the United States to England.

The medical journals of London are very powerful and influential. The number of weeklies is a clear indication of the intellectual activity of the medical profession. There are three great weeklies — the *Lancet*, *British Medical Journal*, and the *Medical Times and Gazette* — all representatives of British medical opinion, but preserving individual peculiarities and appealing to different influences in the profession for support. The *Lancet* has the largest circulation, especially amongst lay readers, and is to be found in all of the club houses, public libraries and in many private houses. The old animosities which were excited by the *Lancet* at its foundation and for a few years subsequently, have entirely disappeared. The paper is owned by the Wakleys, the two sons of its founder. With success it has become conservative, but is still independent. It is edited, not by the Wakleys, the owners, but by young men, able, sprightly and rising writers, employed by them for this work. As a consequence of this system, the editors are frequently changed, but the policy of the paper remains the same. The *Lancet* has become quite a valuable property and nets, it is said, five thousand pounds per annum.

The *British Medical Journal* is the organ of the British Medical Association, and has the support of that powerful body. This journal has probably the largest circulation in the profession. It is very ably edited by Mr. Earnest Hart. Besides conducting the *British Medical*, Mr. Hart edits two other weekly journals, *The Medical Record* and *The Sanitary Record*; the first named being made up chiefly of abstracts of important papers published in foreign journals, and the last named being devoted to subjects in sanitary science. It would be quite impossible for one man to perform this enormous labor unless he possessed the facility of Mr. Hart in this kind of work, and relinquished all other engagements except editorial as Mr. Hart does.

The *Medical Times and Gazette* has a much smaller circulation than the other great weeklies, but it is a journal of very lofty tone and represents the more conservative elements in English medical politics. It has been a long time edited by Dr. Druitt, the well-known author of the text book on surgery. Ill-health lately compelled Dr. Druitt to seek relief in the climate of Madras, and during his absence the journal has been extremely well conducted by Dr. Cholmoley. I have heard that Dr. Druitt has recently returned, much improved in health, and that he will again undertake the editorial management of the journal.

There is another very lively little monthly journal published in London entitled *The Doctor*. It is owned and edited by Chapman, the spinal ice-bag man. It is very independent, rather saucy, and represents the opinions of a few *guerillas*, who are at war against the existing medical status. Chapman is also owner and editor of the *Westminster Review*, a

quarterly journal which represents whatever is most radical in English politics, morals and religion. Beside the editorial charge of the periodicals, Chapman is a general practitioner, using his spinal ice-bags, chiefly, I believe, in the treatment of disease.

Besides the weeklies, there are two quarterly medical periodicals, *The British and Foreign Medico-Chirurgical Review* and *The Journal of Mental Science*, and a monthly, *The Practitioner*, edited by Dr. Anstie. The patronage extended to so many journals published in one city, certainly justifies the remark that it indicates a high degree of intellectual activity. The elevated tone of these journals, their keen regard for the interests of the medical profession, and their hearty condemnation of whatever is low and unworthy in the conduct of medical men, demonstrate their fitness for the important position which they assume as representatives of English medicine.

DELIRIUM TREMENS.—M. Magnan, in a communication to the *Societe de Biologie* (quoted by Dr. R. Lepine in the, *Gazette Med. de Paris*, 1873, No. 22), gives the following thermometric characters of the grave and mild forms of *delirium tremens:*

In the milder form the temperature hardly exceeds 38° cent. (100.4 F.) It oscillates about this figure, but does not notably exceed the normal temperature. If, therefore, the temperature of the patient during the first two or three days does not exceed 38.5°, it may be taken for granted that he will not succumb to that attack. The progress of the temperature is altogether different in the grave type of the disease. It rapidly reaches 39°, oscillating between that figure and one more elevated for two or three days, then rising to an ultimate height of 40 or 41° (104, 105.8° F.). Death occurs soon after the appearance of this increased temperature. It is also in this form that is observed another symptom, insisted upon by M. Magnan—a sort of general tremor of all the muscular fibres.

M. Magnan has also called attention, in his lectures at Ste. Anne, to the hemi-anæsthesia which is sometimes observed in chronic alcoholism, and of which he had observed seven cases within a few years.

In one case well marked, the force was much diminished in the limbs of the right side and the sensibility was entirely lost, there being not merely anæsthesia of the skin, but also loss of the muscular and tactile sense, the sight, smell, and taste: only the hearing remained on that side and that is much impaired.

M. Magnan, principally from the observations of Turck, believes the lesion which produces so remarkable a hemi-anæsthesia, can be localized in the optic thalamus, though its exact nature, owing to the want of autopsies, remains at present unknown.

M. Magnan's article at length in *Gaz. Med. de Paris*, No. 24, June 14, 1873.

BOOK NOTICE.

ARCHIVES OF DERMATOLOGY.—G. P. Putnam & Sons announce a new quarterly journal under this title, to be edited by L. Duncan Buckley, M. D., assisted by a strong corps of collaborators in the various special departments. The first number is to appear about October 1st. Subscription price, $3.00 per annum.

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Original Communications.

DESCRIPTION OF A DOUBLE MONSTER.

BY J. G. STOKES, M.D.

MONDAY, July 27th, 1874, I was called to attend a lady, who, in about one hour after my arrival, and without extraordinary or uncommon labor, was safely delivered of a monstrosity, having eight perfectly formed limbs, (four lower and four upper,) one face, one nose, one mouth, and four ears. Although still-born, I am assured by the mother that it was certainly alive up to the evening before its birth.

A careful *post mortem* examination of the brain and viscera of the thorax and abdomen, indicates the following facts:

The union appears to have taken place breast to breast, and face to face, as if the bodies of two children, from the upper portion of the sternum down to near the umbilicus, had been laid open and separated, and then brought together and united, forming after union nearly a perfect square. The thoracic and abdominal cavities are common to both; the thoracic cavity formed by the two, is a hollow square, containing four pleural sacs.

There are two occipital and four parietal bones, but only two frontal; all the other bones of the head, proper, are normal.

The face is well formed; the eyes, nose and mouth are natural in appearance, even handsome; and the ears, which go to form the face, belong, one to each of the beings, while the other two are located directly together, on the opposite side of the head to that upon which the face is located. The bones of the face are normal, as to number and appearance.

The face looks to the right side of one body, and, of course, to the left side of the other. Two vertices are well represented in the head. Look-

ing directly at the spinal column of one, (there being two spinal columns,) can plainly be seen the posterior portion of one head and two ears, which give this *lusus naturæ* a natural appearance; then, turning it around until the other spinal column is presented, the posterior portions of the other head and ears are as plainly to be seen.

One complete hairy scalp covers the entire head.

The neck is larger in proportion than any other part of the body, caused, partly, no doubt, by the upper portion of two spines passing through it.

As has been remarked, there are two spinal columns; but connected with one of them, I find *spina bifida*. This malformation of the spine is far more extensive than in any case that has ever come to my knowledge; the loss of bony structure, beginning at or near the lower dorsal vertebra, and extending down, with total absence of all the lumbar, sacral and coccygeal bones. The cyst covering the malformation was equal, in size, to the child's head. The pubic bone is also absent.

The cerebrum is compounded of two which are inseparable by the most careful dissection. There are, however, separate and distinct cerebella, medullæ oblongatæ, and medullæ spinales.

The four upper extremities are fully and perfectly developed. All the bones of the fingers, hands, arms and fore-arms, and scapulæ are entirely natural. The arms are of equal length and size. All the joints of these four upper extremities are normal. The four shoulders are also perfect, and form a complete square. The hands and fingers are most beautifully formed, and perfect in every respect.

The lower extremities are also natural in all their parts, and of equal length and size.

All the ribs of two well-formed children are present, and there are two perfectly developed clavicles.

The division of the sternums seems to have been complete, extending down through the centre of the ensiform cartilages; the half of one sternum and ensiform cartilage of one child, and the same from the other child, forming one common sternum and ensiform cartilage. Two perfect sternums, formed in this way, are present.

The thorax contains four pleural sacs, enclosing the lungs and hearts of two children, or two pair of lungs and two hearts, all perfectly developed, and natural in appearance. Two mediastina are present, and separate the right from the left lung of each of the beings. As might be expected, there are two tracheæ, but only one œsophageal tube is to be found, and that normal.

The diaphragm is complete, the two being blended into one.

Here one complete stomach is situated just under the diaphragm, and centrally located between the two bodies. Two perfectly formed livers, with two gall bladders and two bile ducts, are here to be seen; both ducts leading into one duodenum. One spleen is discovered, and is located upon the stomach, presenting a natural appearance.

The entire alimentary canal is single. The cavity of the mouth, the œsophagus, the stomach, the duodenum, the jejunum, the ileum, the ce-

cum, the ascending, transverse and descending colon, the sigmoid flexure, the rectum and the aphedra are all in a natural condition. There are three kidneys present, and one urinary bladder, and, necessarily, three ureters leading into the one common bladder. The imperfect child, with "spina bifida" had but one kidney developed, and with this child, or half of the monstrosity, the genitalia and aphedra are entirely wanting, there being not the least trace or appearance of any attempt at development of these organs; while in the other half, the genitalia and aphedra are well developed, and in the natural position. The stomach and bowels are common to both, down to the umbilicus. Below that, the one with "spina bifida" has no abdominal viscera.

It only remains to add that there is extrophy of the urinary bladder, and four separate mammary glands.

There were two funises, both very short. One was severed during parturition, being much the shortest of the two. Both were below the average in size; in fact, the broken funis was much less than any cord that ever came under my observation, not being larger than a crow-quill.

The mother believes that she had not reached the full term by about two weeks; and my opinion is that she is correct. An injury received by her in getting out of a buggy, being, in all probability, the cause of premature labor.

The father and mother are respectable and well-to-do citizens of our town, born and brought up here. The father is a fleshy, robust and fine looking gentleman, about thirty-four years old. The mother is a small and delicately made woman, not weighing, I should suppose, over one hundred pounds. She is well and gracefully formed, and is quite handsome. Her age is about twenty-one. Both of them are entirely free from any hereditary or constitutional taint or disease. Neither on the father's or mother's side of the house have there been any malformations, monstrosities or deformities, as far back as they can trace their history.

CHLOROFORM IN STRYCHNINE POISONING (*The New York Medical Record*, July 1, 1874).—A man took five grains of strychnine with a suicidal intent. He was given twenty grains of sulphate of zinc, which produced vomiting. Convulsions had occurred repeatedly, however, and he was seized with one of tetanic form at the time of coming under observation. Every muscle was rigid, and tetanus was complete. Opisthotonos, irregularity of the pulse, varying from 120 to 140 in the minute, with all the accompanying symptoms, were noticeable.

He was immediately placed under the influence of chloroform. The convulsions ceased from the commencement of the anæsthesia, under which the patient was fully kept for three hours. The chloroform was then removed, but the patient did not awake until six hours afterwards,—a case of recovery.

Translations.

A CONTRIBUTION TO THE STUDY OF THE THERAPEUTICAL USE OF IPECAC.

By DR. H. CHOUPPE.

Translated from Le Progres Medical, by J. H. Etheridge, M. D.

PHTHISICAL SWEATS.—After having seen ipecac yield good results in most of the cases of diarrhœa where I had used it, I determined upon assuring myself if it would not act the same in the sweats of tuberculous patients, in diminishing the quantity of the secretion. In the first part of this article I have given the cases separately, and subsequently appended reflections upon their observations; adhering to this method, often tedious to a lecturer, I will divide my observations into groups, and each of these will be followed by short reflections:

GROUP I.

Cases in which the results were wholly favorable.

Case 1. Ward Saint Basile, bed seven. Female, aged thirty-seven. Admitted to confinement July, 1873. She began to cough during pregnancy, and had many hæmoptyses. Immediately after her confinement she had an intense bronchitis, which necessitated very energetic treatment. After this time the patient had numerous attacks of bronchitis, but in the interval well-marked signs of pulmonary phthisis, in the first stage, were detected in the top of the left lung. From this time profuse sweats, very abundant at night, supervened, compelling her to change her linen and fatiguing her much. This patient had never had diarrhœa.

Nov. 2. Ordered two injections of ipecac; up to this time the tannate of quinine in 4 gramme doses, and tannin itself in 40 centig. doses had been successively used, with no success in controlling the sweats.

Nov. 3. The sweats were diminished at least one-half. This morning only one injection ordered.

Nov. 4. The patient sweat none last night. Same treatment. The same condition continued the 5th and 6th. On the 7th the injection was stopped.

Nov. 8. The patient sweat a little in the night; half injection ordered.

Nov. 9–10. Same condition; a little sweating; continue treatment.

Nov. 11–12. Almost no sweating.

Nov. 13. No sweating; clysters discontinued.

Nov. 14. No sweating. Menses reappeared. General state better.

Nov. 15. Finds herself better. Says digestion is easier. The sweats had not reappeared up to Dec. 31, 1873. During this period the phthisis had not made any progress.

Case 2. Ward St. Louis, bed 13,

Male, aged thirty-seven years; admitted Nov. 29, 1873. Pulmonary phthisis, first stage; six months' duration. Night sweats of the upper part of the body for the past three months, recurring every night, with fever, about midnight, lasting two hours; patient obliged to change linen.

Dec. 4. Ordered a potion of ipecac decoction, in three parts; about eight o'clock nauseated; less sweat in the night.

Dec. 5. Same treatment; same effect.

Dec. 6. No sweating; patient vomited once.

Dec. 7. No sweating; ipecac stopped.

Dec. 8–9 and 10. Patient has not sweat; has gone to Vincennes, feeling much better.

Case 3. G., aged 41 years; admitted Nov. 19, 1873. Ward St. Louis, bed 10. This patient had, as a first symptom, a pleurisy, in July last. For past three months he has had such night sweats that he does not rest; is obliged to change linen on account of them. This phenomenon occurred regularly every night. The sweats are preceded by a sensation of heat, rather active. The physical signs are those of the first stage (prolonged expiration, dullness on percussion, etc.) at the top of the right lung. In the night of the 19th and 20th Nov., the patient experienced sweats, with the same characteristics as formerly.

Nov. 20. One clyster of ipecac at night.

Nov. 21. Sweat much less; had no fever in the night; continue treatment.

Nov. 22–23. The patient has not sweat; clyster of ipecac not given on night of 23rd inst.; no sweating on 23rd and 24th.

Nov. 25. The patient had a little sweat in the night; ordered a new clyster of ipecac. The injections of ipecac were continued every night regularly, till Dec. 2nd. Since Nov. 26th the sweats have not returned. On the 1st of Dec. the patient began to suffer from a copious diarrhœa, with rectal tenesmus. Clysters discontinued, and on the 3rd of Dec. the diarrhœa was cured spontaneously.

Up to Dec. 17th, no sweats returned. At this date a veritable diarrhœa came on, which had not the rectal characteristic which accompanied the former attack, and it was speedily cured by three injections of ipecac; up to Dec. 31st, 1873, no sweating had occurred.

(Obs.)

In the three preceding cases, we had to do with phthisical patients, in the commencement of their disease; notwithstanding we all know that even in this stage sweats are often very obstinate, yet we see that in three patients they were easily cured. I wish still further to call attention to the fact that, under the influence of this indication, we have seen, in cases Nos. 1 and 2, the fever which preceded the sweats rapidly diminishing, which produced a notable amelioration in the general condition of the patients.

Case No. 4. Ward St. Basile, bed 28. Admitted Sept. 15th, 1873. Pulmonary phthisis, third stage, chronic form; night sweats very abundant for many months. Every night patient obliged to change linen.

Nov. 9. Half clyster of ipecac.

Nov. 10. A little less sweating; patient not obliged to change linen in the night; same treatment.

Nov. 20. No sweats; injections of ipecac stopped. Sweats had not reappeared up to 31st of Dec. Before using ipecac, the salts of lead and tannin had been used in vain.

Case 5. Ward St. Louis, bed 3. Admitted Oct. 23d, 1873. Pulmonary phthisis in third stage; large cavities at top of both lungs. This patient was not subject to diarrhœa, but for six months, without missing a single night, he had soaked the pillows, so that his wife had to occupy another bed. The sweats recurred regularly about midnight, and were preceded by a light flush of fever. In the nights of the 23rd and 24th, he had sweats as abundant as formerly. Oct. 24th, ordered an injection of ipecac.

Oct. 25. The patient did not sweat during the night: ordered two injections of ipecac.

Oct. 26. No sweats; discontinued the clysters.

Oct. 29. Sweats not reappeared; general condition better, and at his own request the patient left town for Vincennes.

Case 6. Ward St. Louis, bed 19. Admitted Nov. 26th, 1873. Pulmonary phthisis, third stage. Began eight months ago. Sweat considerable and daily for three months.

Nov. 27. Ordered two clysters of ipecac.

Nov. 28. Patient has sweat less.

Nov. 29. Almost no sweating.

Nov. 30 and Dec. 1. No sweating; stopped injections.

Sweats had not reappeared up to the 16th of December, at which time the patient left the hospital in a much bettered condition.

(Obs.)

Here the results were always complete and decisive. We see, in running over this epitome, that the sweats have not only *not* reappeared, so long as the injections of ipecac were continued, but, what is still more important, that an amelioration persisted, in two cases, more than a month; in the other four, a considerable length of time after the cessation of the treatment. It is almost never the case that one obtains, even with the best means, results so favorable.

We furthermore see, that in cases Nos. 1 and 4, other treatments had been used in vain, before resorting to ipecac. It would seem that in some cases at least, this means may be more energetic than the medicines that were used.

One objection which may be offered, to which I have responded by the foregoing facts, is the following: We frequently see patients, especially consumptives, who, upon their admission to the hospital, without receiving any treatment, have experienced, simply from the change in conditions, a perceptible improvement, and have seen many symptoms disappear. Cases Nos. 2, 3, 5 and 6, can, strictly speaking, come within the scope of this critique, and though one may argue from the duration of the symptom before the patient's admission to the hospital, yet the objection can here be said to be possessed of all its value.

But cases Nos. 1 and 4 answer here convincingly; in these cases the patients really remained in the hospital many months without any changes

in their hygienic condition, and in these especially was the result quite satisfactory and decisive, if it were not so in the other four cases. I could have waited, in all these cases, a few days, before beginning treatment, for the patient to become acclimated; I acknowledge that the idea did not occur to me, and, that in view of the intensity of the sweatings and of the uncomfortableness they produced, I concluded to act promptly.

It might, furthermore, be thought that the injections of ipecac act in sweatings only by means of the tannin which they hold in solution. To this argument I propose to respond later in this article, both by a chemical analysis of the injections and by direct experiment. I am glad to simply state, in passing, that the ipecac clysters have sufficed to arrest the sweats in two cases where tannin, given in rather large doses, produced no amelioration whatever.

GROUP II.

Cases in which the results have been favorable, but less prolonged.

Case 7. Ward St. Louis, bed 24. Admitted Dec. 17th, 1873; aged thirty years. Pulmonary phthisis, third period. Cavity in left lung and crepitus at the top of the right lung. Internal otitis on the left side. The disease seems to have sprung up within three months. For three months the night sweats have been very abundant; patient obliged to change linen every night; fever in the evening.

Dec. 18. One clyster of ipecac.

Dec. 19, 20 and 21. Patient has not sweat.

Dec. 22. Sweats reappeared, though less abundant; injections were not renewed.

Dec. 31. Sweats are again copious.

Case 8. M., aged 47 years; admitted Oct. 30th, 1873; Ward St. Louis, bed 28. Pulmonary phthisis seems to have sprung up within the past five months. Within this period the patient has had hæmoptyses very abundant and repeated. The disease has now reached its second period, and crepitus, easily detected, at the top of the left lung, exists.

One of the symptoms which fatigues the patient the most, is the abundant night sweats, recurring especially the second half of the night, and which compel the patient to change his linen many times.

Nov. 16. Sweats not modified since the patient came into the hospital. Gave him one injection of ipecac to-day.

Nov. 17. Sweats considerably less; continue.

Nov. 18. Amelioration continues.

Nov. 19. The patient still sweats a little, but the sweatings appear only after a calm refreshing sleep, which lasts during the major part of the night. He insists upon this fact especially: that since he began taking the clysters at night he has less fever; less heat at night; that his sleep is more calm; that he sweats but little, especially about the head, and that he is not obliged to change his linen as formerly.

Nov. 21st and 22nd. Treatment continued and results are the same.

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Case 9. A young woman, aged 22 years. Admitted Nov. 19th, 1872; Ward St. Basile, bed 4. Chlorotic for the past two years; she has coughed for three months only; cough dry, with some physical signs of tubercle of the right lung: since the advent

of her illness she has been subject to very abundant night sweats, which fatigue her much.

Nov. 20. Injection of ipecac.

Nov. 21. Injection produced no effect.

Nov. 22. Patient presented all the signs of an acute gastric attack, (embarras.) Ipecac withheld.

Dec. 4. Symptoms of gastric difficulty have nearly disappeared; appetite has returned a little, but the sweats at night persist with the same characteristics. Ordered a potion of ipecac at 8 P. M.

Dec. 5. Patient vomited at three different times, but sweat less during the night; she was not obliged to change her linen as she has done heretofore, every night.

Dec. 6. Vomited once only; almost no sweating.

Dec. 7 and 8. Vomiting all the time; almost no sweating. Potion replaced by the injection at night.

Dec. 10 and 11. Same condition.

Dec. 12. Return to clysters again.

Dec. 20. The patient gives, verbatim, this account of herself: "The sweats are scarcely appreciable."

Dec. 22. She left for Vesinet today.

Case 10. Patient, female; aged 22 years. Admitted Dec. 13th, 1873; Ward St. Basile, bed 13. Pulmonary phthisis, first stage. The patient has had night sweats for three months.

Dec. 15. Ipecac clyster ordered at night.

Dec. 16. She has not sweat.

Dec. 17. Sweats have not returned. Ipecac suppressed.

Dec. 18. No sweats.

Dec. 19. Reappeared a little; clysters of ipecac were not given again, as the patient did not endure them very well.

Dec. 25 to 30. The sweats which, during the interval that has just elapsed, have resisted the action of tannin, have been treated with atropia sulphate, and were much diminished. On the 30th, the treatment was suspended, and on the 31st, the sweats reappeared.

(Obs.)

I venture to say that the four preceding cases are very favorable to the use of ipecac in the treatment of sweats. In these cases, certainly, the success has been less marked—less decisive, I admit, than in the first six cases; but even the reappearance of the sweats, and their renewed suppression by the same treatment, is still a new argument in favor of the positive action of ipecac.

We see, that in case 8 the sweats quickly disappear, at least in part, but the treatment could not be prolonged, because the patient, who is a hard character, invented I know not what pretexts, to induce us to suspend treatment. Certain it is, that though this patient was treated with all ordinary means, and with no resultant amelioration, yet it is a fact that ipecac did more for him than any other remedy.

In case 7, only one injection was given, and we are justified in believing that the effects would have been most marked if the treatment had been continued. I would say the same with regard to case 10. Case 11 seems to furnish us with an instance in which the ipecac produced no results at all satisfactory; but it may be desirable to recur to the details and see readily at a glance, that if the sweats have not been complete-

ly suppressed in this case, it is at least remarkable that they are considerably diminished, and have wholly ceased to inconvenience the patient. Probably the same conditions exist in sweatings as in diarrhœa—conditions necessary to obtain the good effects of this drug, upon which, it perhaps may not be without interest to dwell, later on.

GROUP III.

Cases not successful.

Case 11. Ward St. Julie; female, bed 2. Admitted Dec. 11, 1873. Pulmonary phthisis, third stage, with lesions far advanced. The disease dates back about four months.

For about three months this patient has, nightly, extremely abundant night sweats, which fatigue and enfeeble her much, compelling her to change her linen many times during the night. Let me say further, that this patient had already been under the care of M. Empis five days, and that she was not, upon coming into this ward, a wholly new patient.

Dec. 11. Ordered a clyster of ipecac at night.

Dec. 12. Patient did not sweat last night; injection was kept from 8 P. M. till 1 A. M.

Dec. 13. No sweats; continue treatment.

Dec. 14. Sweats partially reappeared; double dose of the ipecac in the lavement to-night.

Dec. 16. Less sweating.

Dec. 17. Injections inducing rectal tenesmus; compelled to withhold them.

Till Dec. 20th the sweats were less abundant, and they never returned such as they were upon her coming to the hospital.

Dec. 21. Dyspnœa increased; the patient died from asphyxia, Dec. 23rd.

Autopsy revealed vast cavities in the lungs, but not a single alteration in the alimentary mucous membrane.

Case 12. The patient, the subject of this observation, has already been cited as case No. 2. Sweats copious and cold in the morning, and dating back six months. Does not definitely recollect whether the sweats were suppressed when she took the lavements of ipecac for diarrhœa, but she thinks they were (suppressed).

Nov. 2. Two injections of ipecac ordered.

Nov. 3. No change in the sweats; one clyster at 8 P. M.

Nov. 4. She was unable to hold the injection—let it go.

Nov. 8. Still the same condition of sweating; ordered another lavement, given with Sydenham's laudanum, 10 drops.

Nov. 9. Took a lavement last evening, but her condition became very grave last night, by an attack of suffocation. Died Nov. 13th. Autopsy could not be made.

(Obs.)

I have designated these two cases under the class unsuccessful; still, they ought not to be regarded as absolutely contra-indicating treatment by ipecac. In the first case we have obtained somewhat of a success, since, if the sweats were not wholly suppressed, there was certainly an appreciable amelioration. In the second case, every thing comes within the range of *absolute*, *complete* failure, from the first injection; furthermore, the second one could not be held; and further still, when the third was given, a very grave complication, the result

of the progress of the disease itself, for which the ipecac could not to the least degree be held responsible, was developed, and prevented our judging the effect.

It should be further remarked that, in these two cases, we have had to deal with patients in the last stage of the tuberculous cachexia, and when, consequently, absorption of medicines is accomplished with much difficulty.

If we now cast a glance at the twelve cases as a whole, which have preceded, we see, that in a pretty constant manner, ipecac has acted advantageously in the cases where night sweats had become a veritable complication in pulmonary phthisis.

The sweats which we encounter in consumptives are, certainly, often, little abundant, variable from day to day, and not of a marked inconvenience to the patients. I should be able to multiply my observations much, if I had wished to turn my attention to this class of cases, but I have wished to take only grave cases, with copious sweats, and dating, without remission, back to a time long passed. One will be convinced, if he wishes to review my twelve cases, that in this respect it is difficult to pick out the case the most conclusive.

Ipecac was used alone in many cases (Nos. 2, 3, 5, 6, 7, 9, 11, 12). In others (1, 4, 8, 10,) its use had been preceded or followed by other means; and even then, it seems that this may have given the best results.

I have not in my possession the books necessary to make a comparative study between ipecac and other medicines; I am far from wishing to make a trial of any of these; I have often had occasion to see the good effects of tannin and tannate of quinine, and latterly, of atropia sulphate.

My only pretention is, to contest that in rebellious cases, ipecac suppresses the sweats, and that, too, for a time somewhat long, without inconveniencing the patient. It is true that in the study of the therapeutics of the phthisical sweats, as well as in that of any particular disease, there are points which do not seem to sufficiently demand the attention of the experimenter.

Why should this remedy, which succeeds well in one case, fail in an other, when the symptom is designated under the same pathological designation? It is not only an affair of individual predisposition; it is more; it is the varieties of the symptoms themselves, which we do not always possess sufficiently complete.

Let us take, for example, the symptom of sweating in pulmonary phthisis: Sometimes the sweats are partial, sometimes they are general; in some cases they come on in the morning, in others they persist through the night. These are probably not all the varieties, of little importance, but, a fact which seems to me to have been too long neglected, is the following: Are the sweats preceded, or not, by fever? Do they come on after a period of heat, or is it rather the cold sweats which exhaust the patient upon arising from a relatively calm sleep? It is probable that in the two cases the treatment ought not to be the same, and that the same means which succeeds perfectly in the first case, would, in the second, be followed by absolute failure. This is a problem which I leave here, and whose solution, so desirable, would probably give the key to most of the failures. If I

essay within such narrow limits to make an application of these ideas to ipecac, I state, without being able to prove it:

1st. That in most of the cases where ipecac has had a good effect, the fever is noticed preceding the sweats.

2nd. That in cases of failures, and conspicuously in case 12, the fever is wanting.

MODE OF ADMINISTRATION.—DOSES.

In the preceding portion of this article we confined our attention to clinical observations of patients. Now, then, we should turn our attention to the study of the mode of administration, and doses, which is the necessary complement of the clinic.

We have seen that in nearly every case the ipecac was given per rectum. Does that mean, that, administered thus, we hope in diarrhœa to get a local action? We are to infer nothing of the sort. The lesions which produce diarrhœa in the tuberculous, when there are ulcerations, the catarrh, which is encountered only in other cases (this is the sole alteration which we have verified in our autopsies), are located preferably in the small intestine, at a point where liquids, injected into the anus cannot reach. We concluded that the action of ipecac is produced, after absorption, by a special action upon the secretions of the intestinal mucous membrane.

The absorption and acting at a distance have been, we believe, clearly proven in Groups I and II, with regard to the action of sweatings. On the other hand, we wished to avoid vomiting, which was produced almost invariably in the cases where the decoction is administered by the mouth, or in the form of the Brazilian potion. In two cases (Group II, Case IX), where we used this last method, we have seen the vomiting effectively take place. We believe that the administration of ipecac per rectum is a veritable progress, and we hasten to announce that this method is due to our excellent senior, M. Bourdon.

The action being the same where ipecac is given in injection, and the gastric troubles not then existing, it is necessary to know if this medicament, reputed alterative, can be given to patients already enfeebled, in large doses. The affirmative seems to us here to have been given beyond a doubt, by the numerous mentioned cases. The following case of a young infant, feeble and *syphilitic*, who has taken ipecac for a long time, ought to be given to still further confirm this fact:

OBSERVATION:

Infant of two months; congenitally syphilitic; prolonged diarrhœa; cure.

Infant of two months; brought up at the breast; pemphigus of the buttocks and thighs; mucous patches at the arms. Admitted to the hospital, with its mother, Oct. 5, 1873.

Oct. 8. Diarrhœa abundant; the infant no longer takes the breast; three injections of ipecac of five grammes (?)

Oct. 9. The same condition; no vomiting; continue.

Oct. 10. General condition better; the same diarrhœa; continue.

Oct. 11. Two injections.

Oct. 29. The general state of the child is good enough; he has diarrhœa daily; he has had two clysters daily, of ten grammes

Oct. 30. Diarrhœa begins to diminish; general condition excellent; the syphilitic concomitants have partially disappeared, and from this time he has resumed anti-syphilitic treatment, suspended since the advent of the diarrhœa.

He left the hospital at the end of November in a good condition.

Here the effect of the ipecac upon the diarrhœa was *nil;* but the point upon which I wish to insist is, the prolongation of treatment without a single sort of accident, either upon the stomach or the intestines, and the perfect general health.

Ipecac can be administered in large doses and for a long time, without producing a single mishap; this is the first point I would establish. Furthermore, its administration by injection is an easy means to employ, and one which possesses, without a single inconvenience, the very same advantages as when presented by the mouth.

The *Decoction of Ipecac* which we have used, in all cases, was prepared in the following manner:

℞ Powdered Ipecac Root, 10 grammes (154 grains).
Pure Water, 100 grammes.
Boil till it is reduced to 30 grammes.
Filter the first decoction.

Prepare a second decoction analogous to the first one; mix the two decoctions and add 5 to 10 drops of Sydenham's laudanum.

The laudanum had only one use, and that was, to guard the injection as long as possible at the same time that it was administered in a small volume. However, the opiates had often failed before the ipecac was used. To guard against any loss of the injection liquid, so little abundant, we had always been careful to use a glass syringe.

The hours chosen were, in diarrhœa, in the morning and evening, at least two hours before or after eating.

The patients who were treated for sweats have, in most instances, taken only a single injection daily, and this was administered as late as possible at night.

In those cases where we used the Brazilian potion, we prepared it as follows:

Decoction of ipecac, prepared as the preceding, but reduced to 45 grammes.
Syrup of ether, 15 grammes.
To be administered in three parts, each a quarter of an hour apart, in the evening.

This is the way in which we have administered ipecac.

One point further, perhaps the most interesting to settle, as to the action of ipecac. By which one of its constituents do we get its therapeutical effects?

We do not yet possess the necessary information to elucidate this question in all its aspects, still here are certainly some results which we have obtained.

The decoction removes from ipecac root many substances, among which are, conspicuously, *tannin* and *emetine*. Is it only by the tannin or the emetine that these decoctions are effective?

In several of our observations on sweatings, tannin in substance and in large doses, (30 to 40 centigrammes =4½ to 6 grains,) produced no appreciable effects. To admit that the decoction owed its effects to the tannin, it was necessary that the injections should contain a portion of tannin at least equal to that which was administered daily by the mouth.

This it seemed easy to determine by chemical analysis. * * *

Ten grammes of ipecac give the following results:

Solid residue, 3 grammes (45 grains), composed of these ingredients:
Emetine—O. gr. 58 c.=8.7 grains.
Tannin—O. gr. 09 c.=1.3 grains.
Gum, Starch, Cellulose, } Indefinite.

A patient treated thus for sweats, absorbs, at most, 1½ grains of tannin, a dose certainly inferior to that which we gave in pill by the mouth.

Must we attribute this advantageous effect then to emetine? Emetine is a substance whose physiological properties are but little known. We certainly see no such results here as experiments with it yield. * * *

The only results I wish to give today are the following:

1st. Ipecac, even in large doses, administered per rectum, does not produce vomitings or gastric disturbance.

2d. The action of injections of ipecac upon diarrhœa of young infants has seemed to us, in many instances, very favorable.

3d. Diarrhœa of the tuberculous was beneficially influenced, often cured for a long time, by ipecac in large doses. We must add that, in all cases where, after cure of the diarrhœa, we made autopsies, we found no organic lesions of the mucous membrane.

4th. The action of ipecac upon phthisical sweats has been the most frequently favorable.

5th. Ipecac seems to act by absorption.

6th. The tannin is in too small a quantity in the decoction to have the therapeutical effect obtained attributed to it.

BELL ON ASPIRATION IN RETENTION OF URINE.—Dr. Joseph Bell relates an instructive case (*Edinburg Medical Journal*, April, 1874), and adds: Cases admitting or requiring this treatment, will not likely be very frequent—indeed I have not met with another out of a very large number of stricture cases seen since June; still, in this one, any other treatment would have been very dangerous.

Perineal section is always tedious, requiring chloroform, which the weak heart and emphysematous lungs and diseased kidneys would have borne ill; besides perineal section has its own dangers in old exhausted subjects. Tapping by rectum would have been difficult, from the enlarged prostate. Catheterization had failed. The operation was painless and left no trace. I have a very strong feeling that, in similar cases, the aspirator gives us an easy, safe and reliable means of tiding over a difficulty, emptying the bladder, and thus giving time for other treatment. It is possible, if necessary, to repeat the aspiration frequently in the same region, but not exactly in the same situation.

The special merit of the aspirator here is, that it enables us, by the suction power it possesses, to withdraw the urine through a tube little larger than an acupressure needle, the wound inflicted by which heals up at once and leaves no trace.

THE ACTION OF BROMIDE OF CALCIUM AND OF BROMIDE OF POTASSIUM.—The former salt acts only on the nerves, but it produces less sedative effect than the potassium bromide, and it does not act at all on the heart, as does the latter salt.—*Guttmann and Eulenburg—Ber. Klin. Wochenschrift.*

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, AUGUST 24, 1874.

Reported by Ralph E. Starkweather, M.D.

DR. JOHN BARTLETT, President, in the Chair. The Secretary being absent, Dr. F. H. Davis was chosen Secretary, *pro tempore*. Dr. F. L. Wadsworth received an unanimous election to the membership of the Society.

Having called Dr. Hamill to the Chair, Dr. Bartlett read a report of a case of eclampsia in a pregnant woman, due to uræmia, which was of rare interest, and elicited a very able and animated discussion, sustained by numerous members of the Society. The following is an abstract of the case:

Mrs. M., now twenty-five years of age, began to menstruate at the age of twelve. Her first menstruation alarmed her, and was looked upon as being something dreadful. Rising at night, she went to a well and washed her clothing, bedding and person. Since that event, every period has been one of so much pain and nervous disturbance, that she has regarded herself as having a serious uterine disease. She was liable to hysterical paroxysms upon the approach of her periods, before marriage. At the age of fifteen, while traveling, she went from morning till night without micturating; and upon then attempting so to do, she was unable to accomplish the act. The retention continued for two days longer, until relieved by catheterism.

This was followed by a sickness of several weeks, the nature of which is unknown; but ever afterwards, at irregular intervals, she was liable to fainting turns. These attacks began with palpitation of the heart, indistinctness of vision, a state of semi-conciousness, and of sinking away, as if dying.

In other respects her general condition was excellent. Marrying at the age of eighteen, a year later she gave birth, at the eighth month, to a fœtus that had been dead some weeks. The delivery seems to have been followed by a condition of septicæmia.

The vomiting of the two pregnancies which followed, was unusually severe and prolonged. In June, Dr. Bartlett was called to attend the patient in her fourth parturition. She had uterine pains, intense headache, amblyopia, occasional delirium, great irritability of the bladder, and œdema of the face and hands. The uterine pain was regarded as false. Uræmia was predicted, and the friends notified of possible grave accidents. Wine of colchicum seed and morphia were ordered. The colchicum was given for more than a week, with the

effect of removing the cerebral symptoms above named.

July 25, the following was the condition of the patient in the first stage of labor:

Considerable œdema of the face and throat, conjunctivæ congested; throbbing headache, especially on the right side; intense epigastric pain, described as if the stomach and womb were being torn apart: morphine diminished somewhat the pain in the head and epigastrium.

The second stage of labor, lasting three hours, terminated at 2 A.M., July 26, by the delivery of a male child, weighing less than four pounds. The third stage terminated in an hour; one hour thereafter the patient complained of noises in the room when there were none, and could not see the cup, containing chloral, offered her. A convulsion immediately followed, succeeded by stupor, during which the patient was bled to ten ounces, and one drachm of chloral was injected into the bowels. In one hour a *second* spasm occurred. A purgative enema was given, and a scruple of chloral administered. Upon consultation with Dr. Byford, it was determined to deplete still farther, and some twenty-five ounces of blood were withdrawn. Croton oil was administered; and eighteen grains of chloral ordered to be given every half hour, till several doses had been taken. A *third* convulsion followed, three hours after the second attack. It was found that neither by the stomach nor rectum would chloral be retained. During the day, convulsions occurred about every three hours, the patient lying stupid during the intervals, but able to be aroused. Toward night the tendency to spasm was increased, so that an attempt to give medicines by the mouth or rectum, or by the hypodermic syringe, or the exhibition of chloroform, was liable to bring on spasms. There was now occasionally an active, wild delirium. By taking advantage of the stupor following a convulsion, a quantity of morphine was passed under the skin. To increase or renew the effects of morphia, it became necessary to give chloroform, in order successfully to make use of the hypodermic injection. The favorable and satisfactory effect of this medicine was maintained for fifty-five hours; small quantities of water and milk being the only nourishment.

Iced cloths were kept constantly to the head, and during the paroxysms masses of ice were applied to the scalp; serious congestion of the face never occurred.

The urine drawn by catheter on the first day, was found to be one-half albuminous. On the third day it was clear, and not albuminous.

The convulsions returned at the time the milk-fever was to be expected, but were, for several days, of moderate severity. The first series of convulsions were severe, accompanied by insensibility, and followed by stupor. The second were, for a time, milder; the patient retained conciousness, breathed freely, and conversed while convulsed. This second series were thought to have a hysterical element in them. The first series were regarded as those of true eclampsia depending upon *the so-called uræmic condition*. The second series were at first looked upon as simply a manifestation of that movable condition of the nervous sys-

tem known to characterize the patient.

After a few days, the severity of the spasms increasing and the interval between them diminishing, it was concluded that they were of the same character as the initial convulsions. On July 31st, the water was quite bloody and, although granular and waxy, casts were exceedingly few—cells similar to the white corpuscle of the blood (the exudation cell of George Johnson; the round germinal matter cell of Beale), were very abundant, occurring in large numbers, and often in clusters, in every field examined.

By the night of August 2nd, very severe paroxysms occurred every ten minutes, while early the next morning they were as frequent as every five minutes. The intervals between a few spasms was as short as two and one-half minutes.

Dr. Bartlett described the convulsions as follows:

The left hand, the fore-arm being semi-flexed on the arm, was observed to make a gentle motion, as if in the act of beckoning; the next instant the face was drawn powerfully to the left, the mouth drawn violently open, and to the left. This state of tonicity soon gave place to one of clonic spasm, affecting all the voluntary muscles. When the paroxysms were severe, there were three stages, viz.: of tonic contraction, of clonic movement, and of paresis. In this latter stage, toward the last, the muscles of the cheeks, jaws, tongue and larynx lost their power more or less; respiration was whistling while tonicity endured, and stertorous in the paralytic stage. At times, during the intervals, swallowing was very difficult. Early in the attack the left arm and legs became useless; the legs seemed paralyzed, and at the worst, the arm also; for the most part, the muscles of this arm were in a state of half tonic contraction; later in the attack, both arms were thus affected. During a convulsion, the limbs on both sides were similarly influenced. The pupils were normal during the paroxysms; in the intervals they were more or less dilated. Sight was usually impaired. Sometimes, before a convulsion, she would speak of a great flame, and then immediately of a horrid darkness. Even in the tonic state of the most violent convulsions, a superficial respiration could be detected by auscultation; the heart's action was then noted to be regular, though accelerated and enfeebled. During the slighter convulsions, the left side only was affected. The duration of the paroxysms varied from one to two minutes.

On the 11th of August, the disease had reached its worst. Severe convulsions occurred every ten or fifteen minutes; pulse small, weak and quick, and 145; tongue and mouth had a typhoid look; dysphagia; mind very dull. Quinine and brandy were given, and inhalation of chloroform continued for forty minutes, and further convulsions prevented by the use of chloroform and chloral, aided by antispasmodics and hypnotics. The convulsions were then followed by violent fits of hysterical delirium. This delirium was plainly uræmic, and indicative of less uræmia than the convulsions. It gave place to the delusions of puerperal mania, with unusual hyperæsthesia of certain parts of the surface of the body, which lasted eight days, gradually leaving

her with a mind sane and unusually active.

Dr. Bartlett then discussed the nature of the convulsions, and the condition of the patient, during the attacks and in their intervals, and mentions the various medicines exhibited.

The treatment was directed to the protection of the encephalon; to the control of the spasmodic action by anæsthesia or relaxation, and to the elimination of the toxic elements through the bowels, skin and kidney. For this purpose the following remedies were employed: venesection; chloroform (eight pounds), ether (one gallon), chloral, morphine, bromide of potassium, indian hemp; lobelia, gelseminum, veratrum viride; croton oil, elaterium, cream of tartar, aconite, citrate of potash, hot baths; colchicum, acetate of potash, and digitalis. Tentatively, quinine and galvanism were used without effect. The patient was well fed throughout. The anæsthetics were generally used upon threatenings of a convulsion, and as far as practicable during the attack.

The active treatment extended *through a period of sixteen days* from the birth of the child, in which time *the patient had at least one thousand convulsions*.

As curiosities of the case, Dr. Bartlett mentioned two features, one a spindle-shaped swelling, an apparent enlargement of a section of the sterno-cleido-mastoid muscles, about at the junction of the upper with the lower four-fifths, for a distance of an inch and a half. This swelling seemed to change *pari passu* with the œdema. The other peculiarity had reference to the management of the case. The first step in the convulsive phenomena was the turning of the face to the left. Now, when the tendency to spasm was least, the arrest of this movement, the forcible holding of the head from turning to the left, would stay, abort, the convulsion. In the early stage of convulsion also, delusions would be certain to follow the turning of the face toward the left. The nurse was therefore charged with the duty of keeping the face in the line of the body.

The present condition of the patient is one of incomplete convalescence. Traces of uræmic poisoning still remain. Œdema and slight fainting and sinking attacks, common in Bright's disease, occasionally occur. The urine is now almost free from albumen, and the exudation cells are not numerous.

Dr. Bartlett referred to the hypodermic use of chloral, and said that it produced sloughing of the cellular tissue and integument, unhealthy ulceration and prolonged neuralgic pain.

Dr. Bartlett then called attention to an inhaler used by him in cases where it was necessary to apply chloroform, without the loss of time incident to the ordinary method. It consists of a cup large enough to cover the mouth and nose. Into the bottom of this a concave sponge is held by a transverse stay of wood. The chloroform is poured on the moistened sponge, and the cup is inverted and placed in a shallow vessel, as a saucer, containing water. This arrangement prevents the evaporation of the chloroform, when the inhaler is not in use, so that hours after the anæsthetic is placed on the sponge it may promptly be applied. Dr. Bartlett recommended this inhaler also on the score of economy.

Dr. Hamill inquired what was the immediate effect of the powerful remedies, such as gelseminum and veratrum viride.

Dr. Bartlett—The skin became moist; the intervals between the convulsions was prolonged from ten minutes even to an hour. The veratrum acted the best of the relaxing medicines. It tended, however, when long continued, to accelerate the pulse, and make it feeble.

Dr. Hay asked whether it was possible to determine the effect produced on the convulsions by the bleeding? In physiology, if an animal be bled suddenly, it will go into convulsions.

Dr. Bartlett—The series of experiments by Richardson on dogs, in which the emulgent veins of the kidney were tied in order to cause an accumulation of urea in the system, showed that by bleeding one of the dogs, it lived for some time; the one not bled died speedily. In this case a convulsion occurred one hour after the second bleeding.

Dr. Hamill—In the early years of my practice, it was the rule to bleed from both arms at once, and to give jalap and cream of tartar. Whether it is due to the change in woman's body, or of the treatment, more patients recovered in those early days than at the present time.

Dr. Adolphus was of opinion that the convulsions were hysterical, and that tonics and antispasmodics would have formed an excellent line of treatment.

Dr. Freer inquired as to the pathology of the case.

Dr. Bartlett said that from the outset the impression was, that the convulsions were due to uræmia. The patient is supposed to have Bright's disease.

Dr. Freer—My experience in treating those cases is adverse to the abstraction of blood. Where pathology shows that there is urea in the blood, what good will bleeding do? The effect of urea in the blood, as shown by pathology and physiology, is not that of increasing the force of the blood. It retards the circulation of the blood in the capillaries. There could not be increase of blood pressure in the brain. It is more than probable that the true pathology of uræmia is that of anæmia.

As Dr. Hay has said, it is well known that bleeding will cause convulsions. From a purely scientific stand-point there is no real ground for bleeding in eclampsia.

Dr. Bartlett—It is excessive bleeding, "bleeding to death," that induces convulsions. The value of venesection in puerperal convulsions was not based on theory, but, as he believed, upon experience. As, in this case, a spasm occurred within an hour after a second bleeding, it could not be claimed that venesection did more than protect the brain from the effects of the convulsions. In a review of the treatment adopted, certainly no question was more pertinent than the inquiry, what was the effect of the bleeding? Regarding the character of the convulsions, whatever might be their nature, they would have destroyed the patient from their frequency and severity, without treatment.

Dr. Jackson inquired of Dr. Freer, what his treatment has been in such cases?

Dr. Freer—The principal means has been the steady, continual use of

chloroform. The case of Dr. Bartlett is not an ordinary one. It is rather like one of hysteria than uræmia, else, unless the patient was different from ordinary women, how could she stand the effects of a thousand convulsions. Active cathartics would relieve the blood of urea, and not impoverish it. Few persons have any too much blood in their systems; they cannot afford to lose this noblest juice of the body. There are other modes of elimination. Probably the convulsions are due to the obstruction of circulation in the brain, the blood not being in a fit condition.

Drs. Hayes, McKennan, James G. Tucker, and Wilder also engaged in the discussion, of which the notes have been lost or mislaid.

Dr. A. Reeves Jackson gave, verbally, the details of a recent case of chronic vaginitis in a patient fifty-three years of age, illustrative of the efficiency of two means of treatment —injections of hot water, and the use of the glass dilator. Prior to the menopause, there was leucorrhœa, pain, pruritus, and a very irritating, thick, muco-purulent vaginal discharge. There was no uterine disease. The submucous tissue of the vagina was thickened, and felt rough. The patient had been subjected to various treatments without relief. A solution of borax had only temporarily relieved the pruritus. Dr. Jackson, after directing the use of injections of glycerine and flax-seed tea for one week, then ordered injections to be given by means of a Davidson or Watson syringe, of from one to two gallons of hot water, beginning with that of a temperature of 98° F. and gradually warming it up to 108° Fahr., repeated daily, for two or three days. During the intervals the glass dilator was used. The redness and roughness and discharge disappeared, and the patient fully recovered health.

This treatment separates the walls of the vagina, and so gives rest to the part.

Secondly, it lessens the hyperæmia.

Thirdly, it causes diminution of the hyperplasia of the submucous tissues.

Where the vaginitis is due to constitutional causes, chlorosis or endometritis, such causes must first be removed. The absence of pain in this mode of treatment makes it a very satisfactory and desirable one. It is beneficial in cervical endometritis. It blanches the surface, lessens the calibre of the capillaries, and contracts the vaginal canal.

Upon motion the Society adjourned.

OBITUARY.

D. W. Young, M. D., of Aurora, Ill., died on the evening of Sept. 8th, 1874. He had suffered more or less from disease of the digestive organs for several years, but was not entirely disabled from business until a few weeks before his death. Dr. Young was a practitioner of ability and industry, and a very valuable and enterprising citizen. He was an active supporter of the social organizations of the profession, having recently occupied the position of President of the State Medical Society. He always took an active part in the municipal affairs of his city, and served faithfully in the office of Mayor a number of years.

Gleanings from Our Exchanges.

ON INTRA-UTERINE INJECTIONS IN HEMORRHAGE.

By William Draper, M. R. C. S., &c., York. Formerly Resident Obstetric Officer to the Middlesex Hospital.

From the Obstetrical Journal of Great Britain and Ireland.

WITH the view of adding to the evidence concerning a subject so important as that of injecting fluid styptics into the uterus in hemorrhage from that organ, I publish a short summary of my observations during the seven years which I have practised the treatment. I much regret that I have not preserved any record of the post-partum hemorrhage cases in which I have employed injections of the solution of perchloride of iron; yet, although I have used this form of injection of various strengths, in a considerable number of cases, I can confidently say that, personally, I have *never* met with an instance in which such injections into the uterine cavity have done harm, and rarely with one in which they have failed to do good; indeed, most commonly have I found their use of the most decided and prompt benefit.

Serious uterine hemorrhage must always be looked upon as a grave matter, even by the most experienced practioners; still, in such alarming conditions, I now certainly find not a little solace and confidence in the feeling that, should the ordinary means to arrest the flooding fail, there is still a *dernier ressort* in intra-uterine injection, which is almost certain to bring the case to a favorable issue, if timely use of it be made.

In forms of uterine hemorrhage other than post-partum, such, for instance, as profuse menorrhagia, I have employed intra-uterine injections, not only of solutions of iron, but also of tannic acid, infusion of matico, and iced water. I append three cases illustrating different forms of hemorrhage in which some of these fluids have been injected with beneficial results.

As a rule I am of opinion that the iron injections are the most reliable, still I think there are certain conditions (as in Case I.), in which some of the other styptics might perhaps be more suitable.

CASE I.—I was called to this case by a patient who was in the eighth month of pregnancy; for three or four days before consulting me, she had suffered very considerable hemorrhage. A vaginal examination discovered the cervix uteri soft and yielding, and about two-thirds obliterated. The tip of the index finger passed freely into the external os uteri; but the internal os was not dilatable. I ordered the patient to remain in bed, to have a draught containing sulphuric acid and laudanum every three hours, with cold to the vulva, and applied a firm abdominal bandage. In the evening of the same day the hemorrhage became still more violent. The external os now admitted the finger freely. On passing my hand into the vagina, I was enabled to reach the internal os, which, with difficulty, admitted the finger end, but which appeared dilatable. The fetal head could be felt presenting, but nothing like placenta was discovered. The hemorrhage being really alarming, I passed an elastic catheter into the uterus (carefully avoiding the mem-

branes), and injected about two ounces of a strong infusion of matico, and then plugged the vagina. The patient being much exhausted, beef-tea and brandy were given freely. There were no labor pains. The following morning, when I removed the plug, some slight hemorrhage occurred, so the uterus was again injected with the matico infusion, and the vagina re-plugged. There was rather more dilatation of the os. When the plug was again removed there was no recurrence of hemorrhage. Labor set in naturally some days later, and came to a favourable termination, a living and healthy child being the result.

CASE II. illustrates the successful employment of iced water as an intra-uterine injection. I was called to this case some time after the expulsion of the placenta, the labor having been a natural one. I found the patient much exhausted from the loss she had sustained, and still flooding violently. Having restored her somewhat with brandy, etc., I removed some large coagula from the uterus, gave ergot, applied pressure, &c.; in fact, I employed all the ordinary means to arrest the flooding without avail. I then passed a large gum-elastic catheter (having a syringe attached), into the cavity of the uterus, and injected several ounces of iced water. The uterus almost immediately contracted; pressure then being applied, the contraction was *kept* up, and no further hemorrhage occurred.

CASE III.—Some time since a lady came under my care, whom I ascertained to be suffering from retroversion of the uterus. One of her most troublesome symptoms was very profuse and frequent menstruation, which was present, to a very serious extent, at the time she consulted me. Almost every available remedy was prescribed without having any influence over the discharge, and as the patient was reduced to an exceedingly weak state, I resolved to inject the uterus with solution of iron. Accordingly, I injected into the uterine cavity about two ounces of a solution of tincture of perchloride of iron, of the strength of one part to ten parts of water.

The hemorrhage was at once arrested, and there was no recurrence of it, nor did the slightest unfavorable symptom follow the practice. A Hodge's pessary was now applied, and, so long as it was worn, the menstrual periods passed over naturally, without either excessive discharge or pain. On one or two occasions, however, when the patient very injudiciously left off the pessary, serious menorrhagia recurred, and again the only successful means of arresting it was the iron injection, which never failed in its action, nor was it ever productive of the slightest untoward result.

ILLUSTRATION OF THE LITERATURE OF QUACKERY.

THE August number of the Chicago *Pharmacist* contains the following editorial comments on the address on this subject delivered by Henry Gibbons, M. D., before the California State Medical Society, and which they republish in full from the *Pacific Medical and Surgical Journal*:

We call the attention of our readers to the address, so that they may view the topic through the spectacles of a medical editor, teacher and practitioner. As far as Dr. Gibbons has "illustrated" the subject, just so far it is good and truthful; but we sincerely regret that so fearless and able a writer as the author of this essay should have omitted mentioning the part the medical profession and its press play in the drama of Quackery.

We claim that the medical profes-

sion of this country is to a great extent responsible for the existing evil, and, to substantiate our charge, we will enumerate, first, the prescribing of nostrums by the medical profession, the composition of which they have not the remotest knowledge of; secondly, the giving of certificates of merit to the manufacturers of nostrums; thirdly, that the medical press of this country, with but few laudable exceptions, assist the use and sale of nostrums by inserting into the pages of the reading matter (styling it usually selected matter), month after month, cases of diseases which have been successfully treated by the use of this or that nostrum. These cases are written up by some "medical hireling," in the employ of these nostrum compounders, and the medical journals receive a money consideration for their insertion.

To prove the first charge we have made, it is only necessary to consult the prescription file of any dispensing pharmacy, where can be found prescriptions from regular graduated physicians, for such nostrums as McMunn's Elixir of Opium, Bromo Chloralum, Elixir Iodo Bromide of Calcium Compound, Cincho-Quinine, &c.

Secondly, on examining the wrappers attached to these nostrums, the names of physicians will be found endorsing the merits and the composition, the latter of which they are certainly ignorant of.

Thirdly, the medical press of this country has become, with *few* honorable exceptions, the aider and abettor of this species of fraud, by inserting among the reading matter paid "puffs," which seem to the uninitiated medical practitioner as *bona fide* reported cases of disease, successfully combatted by the means of this or that nostrum, when in reality it is written up by the man "Friday" of the nostrum houses, and by them sent to the different medical journals from month to month, paying a consideration for each insertion.

That this aiding of Quackery is not confined to the "little fish" of the profession, we will prove by referring to the present President of the American Medical Association, Wm. Bowling, M. D., of Nashville, Tenn., who is editor and proprietor of the Nashville *Journal of Medicine and Surgery*, late President of the meeting of American Medical Editors, and Emeritus Professor of the Theory and Practice of Medicine, in the Medical Department of the University of Nashville.

This gentleman, whom we have alluded to as holding these different prominent positions in the medical profession, inserted in the June number of his journal a "puff" for the well-known nostrum, Cincho-Quinine.

For this insertion he received, no doubt, the usual compensation from the manufacturers of this nostrum. Now we ask, what prompts men in such positions to sell themselves for such base purposes? It is certainly unprofessional, and cannot be styled honorable for one who professes to be a leader of the science of medicine, and be guilty of such an offense against its progress.

Dr. Bowling and other editorial colleagues, who are guilty of this transgression, certainly cannot claim ignorance on this subject. How does this agree with Dr. Bowling's questions on professional ethics, published in his journal for July? Did the Doctor in his annual address, as President of the American Medical Editors' Association, touch upon the subject of advertising nostrums by the medical press? The address is said to have been both "suggestive and timely," or did it only refer to the more important medical topic, "Katy did, and Katy didn't?" Come, Doctor, step to the front, tell your readers you have been "naughty" for "filthy lucre's" sake, and you have thought the matter all over, and promise for the future to mend your evil ways. It shall not be said that Dr. Bowling "*knew the right, yet still the wrong pursued.*"

Book Reviews.

Received through Jansen, McClurg & Co.

THE NATURE AND TREATMENT OF VENEREAL DISEASES. By Rob. A. Gunn, M.D. New York: Pp. 192.

The author of the work before us maintains, and in our estimation vainly attempts to prove, that all the various forms of venereal disease, as gonorrhœa, chancroid and syphilis, originates from one venereal poison. He claims that the virus is so modified by the condition of the patient at the time of his or her exposure, and by the length of time that elapses from the formation of the virus in one, before it is communicated to another, as to produce the three forms of venereal disease, with their various modifications.

We can but think that there is some mistake, or at least exaggeration, when the author tells us that he has known constitutional syphilis to follow gonorrhœa: even when a venereal sore could not be found after the closest examination.

In regard to his description of the various forms of venereal diseases, we have simply to say that it corresponds very closely to that of our older writers on this subject. In treatment, the local use of carbolic acid is very highly extolled. He assumes that tertiary symptoms seldom, if ever, appear if the acid is properly used in the primary local lesions, combined with constitutional treatment by tonics, and an intelligent use of the more mild alteratives, as podophyllin, ammoniæ chloridum, potas. iodid., etc. The tonics, however, he says, should have the precedence over the alteratives, the use of the alteratives being frequently suspended for several days. Mercurial medication is very strongly denounced, but the author's arguments to the effect that mercurial preparations have a tendency to produce various tertiary symptoms as lesions of the osseous system, fails to convert us to his opinion.

In justice to the author we must say that he writes in a clear, concise style, leading us with him from chapter to chapter, in a pleasant manner, notwithstanding that his and our opinions are frequently at variance.

J. R. K.

INFLAMMATION OF THE LUNGS, TUBERCULOSIS AND CONSUMPTION. Twelve Lectures by Ludwig Buhl, Professor of Pathological Anatomy, etc., in the University of Munich. Translated by Mathew D. Mann, M.D., and S. B. St. John, M.D. New York: G. P. Putnam & Sons.

In the twelve lectures here grouped together, we have a clear, concise exposition of the author's views regarding the pathology, histology, and morbid anatomy of the various pulmonary diseases. His views regarding the origin of phthisis and tuberculosis differ materially from those set forth by Niemeyer and his followers, and which have been so generally accepted by the profession.

These theories evolved by Prof. Buhl, as the result of long and careful investigation and observation, have won to their support many of the most prominent German pathologists, notably among others, Prof.

Rindfleisch, whose excellent work on pathological anatomy is familiar to American students.

The lectures constitute a 12-mo. volume of about 160 pages.

ARCHIVES OF OPHTHALMOLOGY AND OTOLOGY. Edited and published in English and German by Prof. H. Knapp, M.D., New York, and Prof. S. Maas, M.D., Heidelberg, assisted by Dr. E. Gruenny, New York, and Dr. C. J. Blake, Boston. New York: Wm. Wood & Co.

The first number of the fourth volume of this journal is received. It is hereafter to be issued quarterly instead of semi-annually—the numbers to contain from 112 to 160 pages each. About four-fifths of the space will be devoted to original communications, lectures, etc., and the remainder to reviews. The present number contains a large amount of valuable and interesting matter pertaining to this special department, and is handsomely illustrated by lithograph plates.

NOMENCLATURES OF DISEASES. Prepared for the use of the Medical Officers of the United States Marine Hospital Service. By the Supervising Surgeon, J. M. Woodworth, M.D.

This is a simple republication, in convenient form for the use of the marine hospital service, of the Provisional Nomenclature of Disease, as drawn up by a joint committee appointed by the Royal College of Physicians of London, Eng.

This classification has received the endorsement of the American Medical Association, and of the American Public Health Association.

ESSAYS ON CONSERVATIVE MEDICINE AND KINDRED TOPICS. By Austin Flint, M.D. Philadelphia: H. C. Lea.

This is a small volume of 214 pages, made up of a series of essays which have appeared at various times in the medical journals. As here gathered together they form an interesting little volume, which will be read with profit by many to whom they have not previously been accessible.

THE PSYCHOLOGICAL AND MEDICO-LEGAL JOURNAL. Conducted by Wm. A. Hammond, M.D., and T. M. B. Cross, M.D. New York: F. W. Christian, 77 University Place.

The first number of the new issue of this special journal is also before us. It is to be issued in monthly numbers, commencing with July, 1874. Subscription price, $5.00 per annum.

NEW BOOKS RECEIVED.

THE PHYSIOLOGY OF MAN.—Designed to represent the existing state of Physiological Science, as applied to the function of the human body. By Austin Flint, Jr., M.D. Vol. V., *Special Senses, Generation.* New York: D. Appleton & Co. For sale by W. B. Keen, Cooke & Co., Chicago.

THE MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES.—Systematically arranged by States. Office of Medical and Surgical Reporter, Philadelphia, Pa.

THE NEW MODIFIED CAMMAN STETHOSCOPE.—The modified Camman Stethoscope, of which we published a cut and a short description in a recent number of the EXAMINER, is now manufactured by Messrs. Tieman, of New York, and for sale by their agents, Messrs. Bliss & Torrey, of this city. These instruments have the Flint curve to the tubes, and in general style and finish are perfect.

This form of Stethoscope is also manufactured by Messrs. Codman & Shurtleff, of Boston, and for sale by their various agencies.

THE

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EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

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Original Communications.

POISONING BY MUSHROOMS.

BY N. S. DAVIS, M.D.

ON the afternoon of Sept. 17th, 1874, a young man, attending the North-Western University, while out with two of his classmates gathering botanical specimens, plucked and ate mushrooms which he supposed to be edible. He had previously, during the same afternoon, eaten some sour grapes. They returned to their boarding place and while at the supper table the one who had eaten the mushroom began to be very sick. He had hardly more than time to leave the table when he began to vomit violently, with extreme distress in the epigastrium. The contents of the stomach were fully ejected but the paroxysms of vomiting and distress continued with great severity for three hours, during which he had some cramps in the muscles of the legs, occasional hiccough, skin and extremities cool, respiration twenty per minute, pulse one hundred, and extremely small and weak. After about three hours the bowels began to move, and he had, at intervals of half an hour, two or three copious serous discharges from the alimentary canal. These discharges were sufficient to fill a chamber vessel two-thirds full, were very thin and plainly tinged with blood; yet the pains in the abdomen were not very severe. Each intestinal evacuation was preceded and accompanied by severe cramps in the calves of the legs, and increased feebleness of the circulation, but the nausea and vomiting diminished. About six hours after the commencement of the attack all active evacuations ceased, and the patient began to have some sleep. During the last half of the night his stomach and bowels remained quiet and a moderate febrile reaction took place; yet, there was no stupor, no

abdominal distension, and but little tenderness on pressure. He continued to have some redness and heat of skin, accompanied by moderate fullness of the pulse, slight dilatation of the pupils, dull headache and a sense of giddiness on assuming an erect position, all the next day. These symptoms passed away and he slept well the following night. The stomach exhibited slight morbid sensibility, with a feeling of general weakness for three or four days, when his recovery appeared to be complete.

I saw him in half an hour after the first active symptoms commenced. Learning that he had already vomited enough to fully evacuate the contents of his stomach, and that it had only been about two hours since he ate the *fungus*, I did not deem it necessary to give either emetics or cathartics, but required entire rest in the recumbent position, and to allay the extreme irritation of the gastric mucous membrane, gave him a teaspoonful of the following mixture every half hour.

℞ Carbolic Acid cryst. 8grs.
Glycerine, ʒ ss.
Camph. Tinct. Opii., ʒ ij.
Aqua Camph., ʒ ij.
Simple syrup, ʒ ss.
Mix.

After the bowels began to move and the pulse became very feeble he was ordered two tablespoonfuls of warm strong coffee between the doses of medicine.

These were all the remedies given, and how far they exerted any influence we leave every reader to judge for himself.

My object in placing this case on record is that it differs in several respects from the majority of cases of mushroom poisoning.

1st. The symptoms of irritation in this case commenced actively in two hours after the *fungus* was eaten, which is much sooner than in most of the cases on record.

2d. The symptoms were more like those of a purely irritant poison, acting directly on the mucous membrane of the stomach and bowels, while in most of the recorded cases symptoms of narcotism, such as stupor, delirium, &c., are prominent symptoms.

Since writing the above case, we learn that only a few days since two boys, at Oak Park, gathered what they supposed to be edible mushrooms, and caused the servant girl to cook them and participate in eating the same. They were all soon taken sick, and one of the boys, named Palmer Kellogg, twelve years of age, died. The other two are in a fair way to recover. We have not learned the particular symptoms exhibited in these cases.

A newspaper, in alluding to these cases, says the boys "picked a lot of *toadstools* thinking they were *mushrooms*." It is proper to state that there is no reliable and easily recognized difference between *toadstools* or poisonous and non-poisonous mushrooms, and the only safe way is to let all these fungi alone.

TREATMENT OF ERYSIPELAS BY SUBCUTANEOUS INJECTION OF CARBOLIC ACID.—Dr. Aufrecht practiced injections of carbolic acid in doses of 0.60 centigramme in ten cases. Not only were the erysipelatous swelling and redness rapidly dissipated, but the temperature, pulse, and general health were remarkably improved.—*Centralblatt.*

A MODIFICATION OF THE OBSTETRICAL FORCEPS.

By E. O. F. Roler, M.D., Prof. of Obstetrics, Chicago Med. College.

In obstetrical forceps of any pattern the modification may have reference either to the ease of introduction and adjustment to the head, or to the kinds of force employed in extraction, viz.: traction, leverage and compression.

This last kind of force can be made available only in instruments of considerable strength of blade and with long handles.

The circumstances admitting of its employment, however, occur but rarely. Compression is admissible only in the comparatively rare cases where traction combined with the leverage movement fails to secure the advance of the head. A resort to it always imperils the safety of the child, and the advantages to be gained by such a procedure are so uncertain that most obstetric authorities are averse to recommending it except as a destructive operation. And in order to prevent the possibility of injury in the hands of the unskilled, most forceps are provided either with "short handles," or they are of such moderate length that no great amount of compressing force can be applied in the act of extraction.

Experience of late years has demonstrated the fact that when the biparietal diameter is lessened by compression, a corresponding increase takes place in the long diameters of the head, the increase of the occipito-bregmatic being prevented by the resistance of the pelvic walls; in other words, the head becomes elongated in proportion to the decrease of its transverse diameters.

This process of "moulding of the head," often takes place during the action of the natural forces in cases of disproportion, and when assistance is needed to carry it to a greater degree, the work can be accomplished more safely by patient traction, and, if need be, aided by leverage, the *vis a fronte* reinforcing simply the *vis a tergo*.

While these facts are generally recognized in the application of the forceps, the varieties in use are, for the most part, of unnecessary strength and weight. The samples of German forceps especially which reach this country are notable for clumsiness in this respect. In the anxiety of their operators to avoid the dangers of compression the handles are made almost too short for convenient grasping, while the strength of the instrument is sufficient to admit of use for cephalotripsy. The same fault, though in a lesser degree, may be urged against most of the forceps in use among the profession in our own country.

Several years ago I had a pair of forceps made of the lightness indicated, with modifications of shape to suit my ideas of convenience in handling, and with but few exceptions have used them with great satisfaction in my cases of assisted labor.

The following cut will give a good idea of their shape.

A brief description is as follows: total length, 14 inches; length of handles, 6 inches, with a gradual pelvic curve of 2½ inches, beginning near the extremity of the shanks. The breadth of the cephalic portion averages 1½ inches, and has nearly the same measurement throughout, so that the fenestræ instead of being "kite-shaped," are nearly elliptical, being slightly larger at the outer extremity. When the instrument is closed the distance across the widest part is three inches, the points being separated three-fourths of an inch.

The branches fit loosely in a "button-lock," and the handles are supplied with rings. The total weight is about 13 ounces while that of ordinary forceps of approximate length varies from 18 to 21 ounces.

When applied, the right hand grasping the handles from beneath, with two fingers in the rings, can command the instrument in making traction with the most perfect ease, while the left can be used in assisting it, or, when needed, in supporting the distended perineum.

The advantages to be gained in forceps of such light construction and of the shape described, are:

1st. Their *lightness*, which adds greatly to the ease and readiness of introduction, and even adjustment, just as a delicate probe is carried to an obscure point in the tissues with more certainty and tact than a heavier one.

2d. The space within the cephalic portion so nearly corresponds to the bi-parietal diameter, averaging 3½ inches, that no dangerous compression would ensue on firm closure of the handles, allowing at least one-half the difference to be accounted for in the springing of the blades.

3d. The greater curvature of the blades, as compared with Hodges' and most other forceps, secures a firmer grasp upon the head, so that when properly applied slipping is practically impossible.

4th. They can be readily applied without disturbing the patient in the ordinary obstetric position on the back, and thus afford, with but little show of an operation, all the additional force required in the great majority of cases of instrumental labor.

I am under obligations to Mr. E. H. Sargent, instrument dealer in this city, for the finely executed cut accompanying this article, taken from his Catalogue of Instruments. The forceps may be found at his establishment, 785 Wabash avenue.

1105 Indiana av.

BELLADONNA IN GOITRE.—Dr. R. T. Smith reports two cases of exophthalmic goitre, which were relieved and almost cured by the free administration of tincture of belladonna. He considers it possible that relief was given primarily through the heart, the drug acting sedatively hereon.—*Phil. Med. Times.*

DISLOCATION OF THE ASTRAGALUS.

Case in the Practice of Dr. Isham.

Reported by Dr. Strout.

On Thursday, 13th ult., a man was brought into the office who had been thrown from his wagon by a runaway horse.

Although he was not able to tell how he struck, it was evident that he was precipitated upon his feet, as both heels were torn from his boots.

Upon examination the right foot was found inverted, with the toes depressed, and a well-defined, rounded tumor, in front of the tibio-tarsal articulation, immediately beneath the skin, which proved to be the astragalus, on which could be readily traced its upper non-articulating surface, and also the one which articulates with the scaphoid. An anæsthetic was administered and the leg flexed, so as to relax the tendo achilles, when the bone was pushed back into position with very little force or trouble.

There was also produced, in the other leg, what is commonly designated Pott's fracture.

On visiting the patient next day there was the appearance of a slight slough in the integument, where the bone had pressed forwards, caused by the tension produced.

At the end of a week from the time the accident occurred, the Pott's fracture was dressed in plaster-of-Paris bandage, at which time nearly all the swelling and inflammation had subsided in the other foot, and at the present time (2d inst.), it is progressing favorably.

Translations.

THE THERAPEUTICAL PROPERTIES OF KOUMYS.

Translated from Le Progres Medical, by Fred. J. Huse, M. D.

Much has recently been said concerning koumys and, in a certain number of cases at least, it seems to have yielded very noticeable results. Whether these happy results will be confirmed by further observations, or whether they should be classed among those coincidences which are too often met with in the experimentation upon new remedies, remains to be seen; nevertheless it should not be forgotten that although koumys is as yet little known even in France, it has long been employed with success in Russia.

It is well known that koumys is the product of the fermentation of milk, and that the Coumans or Komanes, and also the Tartars, who prepare it from mare's milk, make it

at certain seasons of the year their almost exclusive nourishment, while it also constitutes to the present day a large portion of the food of most of the nomadic hordes of Asia. Russian physicians having observed that the tribes who used this fermented milk were completely exempt from certain diseases of the respiratory organs, and especially from phthisis, attributed this precious immunity to koumys, and proceeded to prescribe its use to the tuberculous. The results were highly encouraging, and the employment of koumys in the treatment of phthisis was rapidly extended in Russia and the adjacent countries until one may now find quite a large number of establishments devoted to the manufacture of this substance. In France the first essays in the use of koumys are of very recent date. M. Schuepp made, in 1865, a study of this medicine, which he considered as "wonderful," but his endeavors, as well as those of M. Foussagrives, who also attributed a serious value to it, failed to attract serious attention. During the last few months, however, fresh experiments have been made in several hospitals, at the instigation of Dr. Landowski, and it is to the results of these that we desire to direct attention.

Koumys is a lactescent liquid, of whitish color, with a characteristic odor recalling that of whey, and a taste peculiarly sour and sharp, much resembling that of buttermilk; the carbonic acid which it contains renders it very lively, so much so that it has been termed champagne-milk.

Two principal varieties exist, depending upon the extent of the fermentation. Koumys No. 1, freshly prepared, contains in 1,000 parts: Lactic acid, 10 to 12; carbonic acid, 7 to 8; alcohol, 15 to 16. No. 2, longer put up: Lactic acid, 13 to 16; carbonic acid, 10 to 12; alcohol, 20 to 24. The carbonic acid and the alcohol vary in quantity in proportion with the percentage of sugar contained in the milk from which the koumys is prepared, hence they usually add a certain quantity of sugar of milk to equal parts of asses' milk and cows' milk, this being the mixture most highly recommended; mares' milk, moreover, is not employed, even in Russia, except at certain seasons of the year.

Concerning the results of the employment of koumys in the hospitals of Paris, we have only the article recently published in the *Bulletin de Therapeutique* by M. Urdy, and the first part of a description just begun by M. Landowski in the *Journal de Therapeutique*.

We find in the latter an interesting quotation from the writings of a monk who visited Tartary in 1233.

After describing the method of preparing the koumys or cosmos, he says: "Tunc gustant illum, et quando est temperate pungitivum, libunt. Curgit enim super linguam sicut vinum asperum bibitur, et postquam homo cessat bibere relinquit saporem super linguam lactis amigdalini, et multum reddit interiora hominis *Jucunda*, et etiam inebriat debilia capita; multam etiam provocat urinam." This description of the immediate effects of the use of koumys is thus confirmed by M. Urdy: "During the first few days there appear the symptoms of excitement that generally belong to all alcoholic beverages; the pulse gains in volume and force while at the same time it

becomes a little less frequent, the face is flushed and the temperature raised. Persons of delicate constitutions sometimes exhibit a slight degree of tipsiness. The secretion of the urine becomes more abundant and its reaction slightly acid. These immediate effects are nearly always present, but they quickly pass away, and at the end of three or four days the toleration is generally found to be completely established. From that time the patient manifests unequivocal signs of improvement. There are three things which one might take as an indication of the salutary action of the koumys, and which have attracted our attention by their frequence: Sleep, though long unknown to the poor consumptive, again becomes possible, the appetite improves, and the weight of the individual increases. This increase amounted, in one case, to 13 pounds in twenty-seven days." This result is very fine, and we are almost tempted to say that it is too fine. However it may prove hereafter, the eight cases of phthisis reported by M. Urdy have experienced an improvement more or less marked, and, in certain cases they have succeeded in arresting vomiting.

Without going into such fanciful theories as those of Schuepp (that koumys was not only a sparkling, acidulous alcoholic milk, but above all a sort of yeast, an organization in the germ of the elements of the connective tissue of which the pathological retrogression constitutes the source and essential elements of tuberculosis), one can easily understand these results when he calls up the chemical constitution of koumys, and also comprehend the improvement observed by M. Urdy in a case of chronic albuminuria. It is, indeed, in these two conditions, phthisis and dropsy, that koumys has been administered, and although we repeat that the published results are still too scanty to authorize formal conclusions, it may yet be proper to admit that while koumys may not constitute a specific for phthisis, it is none the less a very valuable medicine. We ought to add that we saw very excellent results at the Hospital Lariboisiere in 1872 from the use of raw meat and alcohol, and the remembrance of these facts would lead us to believe all the good that is reported of koumys if we did not know that in such cases it is always necessary to make certain allowances.

RECENT CHEMICAL ANALYSIS OF KOUMYS.

In 1,000 parts;	NO. 1.	NO. 2.
Casein, Albumen	20	20
Fatty matter	8.5	8.5
Lactine	40	23
Lactic acid	7	8.5
Carbonic acid	6.5	1.3
Alcohol	2.2	30
Salts (phosphates and chlorates)	6	6

ACTION OF ERGOT ON THE INFANT.—Dr. E. R. Herschel, in the New York *Medical Record*, says a newborn infant, by accident, received half a teaspoonful (thirty drops) of Squibb's fluid extract of ergot. Efforts to vomit by the infant failed. In an hour it was seized with severe abdominal pains, recurring every fifteen minutes, and lasting about one minute. Slight tetanic contractions of the face and extremities were present, and four hours subsequently a diarrhœa set in. All the symptoms yielded to hot baths in twelve hours, though for two weeks there was a tendency to diarrhœa. This supports the opinion that ergot does not cause the death of the child during labor.

Society Reports.

CHICAGO MEDICAL SOCIETY.

MEETING OF AUGUST 17TH.

Dr. Graham, Reporter Pro Tem.

THE President, Dr. Quine in the chair. Dr. Stillians presented a specimen of intestine, showing intussusception of the colon at five different points, three of which were well marked. The patient was a boy five years old. The only symptoms at first were constipation and pretty severe colicky pains, for which anodyne and cathartic enemata were given. There was afterward considerable flatulence, and a tender point was discovered below and to the right of the umbilicus. A very small quantity of fæces was found, at two or three different times, after giving the injections. During the second day the skin became hot and the pulse rapid and feeble, which symptoms continued and became more prominent—death ensuing that night.

In answer to a question the Dr. stated that there had not been any vomiting, or discharge of blood from the bowels.

Dr. Dyas said it was very unusual not to have these symptoms, and that there was generally a tumor on right side. Death was often caused by the shock to the system, without any symptoms of inflammation being present. Purgatives should not be given in such cases, but enemata of simple water and opiates should be chiefly relied on.

D. A. H. Foster next read the report of a case of hydrophobia.

On motion the discussion of this paper was deferred till the next meeting.

Dr. H. M. Lyman read the report of his observations on three cases of *Diabetes Mellitus* occurring in the County Hospital during his term of service:

Diabetes Mellitus. Three cases of this disease were under treatment. One died; another left the hospital after remaining three months under treatment; the third was still in the house at the close of my term of service. He was a man in middle life, whose case presented no unusual symptoms. The boy who left us was of Swedish parentage, aet. 17 years; admitted to the hospital April 18th, 1874. Had never noticed any failure of health till about March 1st, when he began to experience great thirst, dryness of the skin, frequent and copious urination, dull aching in the legs, progressive weakness, a ravenous appetite, and some indistinctness of vision. On admission, his pulse, temperature and respiration were normal, but the skin was dry and desquamating, and his tongue was red and dry in the centre. During the first twenty-four hours after admission the patient voided twelve pints of urine,

(sp. gr. 1032) which gave a decidedly saccharine reaction, with Sehling's test. He was ordered the most nitrogenous diet which our somewhat limited resources could supply; was douched with cold water every morning, and took, once every four hours, a scruple of bromide of potassium, with an equal quantity of chlorate of potassium. He had ten grains of Dover's powder every night.

April 24th. Voided seventeen pints and a half.

This quantity gradually diminished till May 3d, when it was only nine pints. At this point it remained stationary until May 12th, when the treatment was changed in order to make trial of a recent German theory of the disease, and the patient took nothing but five grains of carbolic acid three times daily. This treatment proved unsuccessful, for the quantity of urine rapidly increased. May 22d it was fourteen pints; June 1st, sixteen pints; June 16th, eighteen pints. Medicine now seemed to exercise very little control over the disease; but when the uncommonly hot weather in July began to stimulate the functions of the skin, the urinary discharge was rapidly diminished; and when the patient left the hospital, July 18th, he voided only six pints *per diem*. In every other particular, however, his condition was unchanged.

The diabetic patient who died under treatment was an Irish laborer, aet. 22 years; admitted to the hospital Feb. 11th, 1874. For about six months he had been losing flesh and strength. Had experienced a slight tracheal irritation, but did not actually begin to cough till three weeks before entering the hospital. On admission he was very much emaciated, his face was flushed, skin harsh and dry, tongue clean, appetite good, bowels costive, urine copious (sp. gr. 1020) and saccharine. A slight cough attracted attention to his lungs,—respiration was largely abdominal, and the respiratory sounds were exaggerated. He was ordered to take cod-liver oil, with citrate of iron and quinine. The quantity of urine gradually diminished from fifteen pints per diem till May 5th, when it was only eight pints. He was now ordered to take carbolic acid instead of iron and quinine, but no benefit was derived from the change. As the weather grew warm he voided less water; but his disease progressed, and he died July 14th. *Autopsy* thirty hours after death. Extreme dryness of all the tissues was remarked. The brain was very anæmic, but otherwise healthy. The condition of the left lung was normal, but the lower lobe of the right lung was tubercular and contained several suppurating cavities. The liver and spleen were of the usual weight, but were filled with masses of tubercle, which had in several places degenerated into tubercular abscesses. A similar abscess, as large as a pea, was found upon the greater convexity of the left kidney. The other viscera presented no unusual appearance.

Dr. J. S. Knox gave the details of a case of uterine disease, in which there was sloughing of the entire cervix uteri. The patient had been under treatment for twenty-seven years, by many different physicians. Had submitted to leechings, scarifications, cautery, fomentations, douches, paintings with iodine and chromic acid, and had tried "pessaries enough to support the womb of time through all eternity." She came under the

Dr.'s care by applying for re-adjustment of a Hodge pessary, which she had worn for a long time, which was removed on account of the inflammation to which it seemed to have given rise, and emollient treatment was pursued several weeks, when the sloughing of the cervix took place. The rapid healing of the stump, and the absence of every sign or symptom which would cause a suspicion of malignant disease, led the Dr. to conclude that the sloughing was the result of diminished vascularity and vitality, due to the many recurring inflammations, and the abundant treatment of previous years.

Dr. W. E. Clark exhibited the sack of an ovarian tumor, which weighed fifty pounds, which he had removed that afternoon—both ovaries were diseased, and there was also a fibroid tumor of the uterus.

A motion was made and passed, after considerable discussion, to appoint a committee to co-operate with similar committees from the Society of Physicians and Surgeons, and the College of Pharmacy, in considering the relations of physicians and pharmacists, and to consider and report any measures thought necessary to check the prescribing of proprietary medicines. Drs. C. W. Earle, A. H. Foster, and S. C. Stillians, were appointed such committee.

On motion society adjourned.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

SPECIAL MEETING, SEPTEMBER 2, 1874.

Reported by Ralph E. Starkweather, M.D.

THE President, Dr. John Bartlett, in the chair. The meeting had been called by request of several members, in order that the society might hear Dr. Ely M'Clellan, Assistant Surgeon of the U. S. army, speak informally upon the cholera epidemic of 1873. He said that in 1873, Pelikan, and other Russian sanitarians, startled the medical world by declaring that cholera had become endemic in Russia. Recently, Dr. Radcliffe, at a meeting of the British Medical Association, demonstrated the error of these conclusions. He then pointed out upon the map the two lines of travel from India to Europe The north Persian, the route by way of Jelalabad, Herut, Meschid to Asterabad, upon the Caspian sea, across to Baku, thence overland to Tiflis and to Poti, upon the Black sea.

Secondly, the Red sea route, from India, by way of Bombay, down the river Indus to Kurrachee, thence up the Persian gulf via Shiraz and Ispahan to Teheran, the junction of the north and south Persian routes. Kiev, the holy city of Russia, is located on the river Dnieper, and is visited annually by thousands of pilgrims. In 1869 the cholera spread from Kiev, down the river Dnieper to Odessa. It arrived (1870), on the Baltic sea, by the rivers Niemen and Vistula, which are connected with the Dnieper by a

series of canals. In 1871 cholera prevailed in Prussia and Austria; in 1872 Austria, Prussia, Italy, France and Holland; in 1873 in Great Britain; in 1873, too, cholera entered New Orleans, from Europe, no less than seventy-three vessels having arrived from infected ports.

The history of an initial case, in May, 1873, was then given, with great clearness and rapidity, of an Ohioan, sick with the cholera on a river steamer, bound from New Orleans to Cincinnati. He died before reaching Memphis, at which place his remains, as well as his garments and soiled clothes, were taken ashore, the body put into a casket and forwarded to his home. The German woman who washed the body died from cholera two days afterward. From these two cases the epidemic originated, and from no others.

Near this city various public works were in progress, canals and railroads. It was in this city (Memphis), that the great outbreak or explosion of cholera took place, (it was not the first point of infection, however,) from which in all directions the disease was carried. The various lines of railroads in the state of Kentucky were pointed out as having numerous towns into which cholera had been brought by commercial travelers, by negroes, or by infected clothing. Then, various counties of Kentucky were mentioned as having peculiarities of the epidemic, due to the remoteness from lines of travel, or to streams of water, or good general hygienic condition. It was in Adair county that the cholera was most malignant, of the counties of that state (Kentucky), especially in the town of Columbia, where, in the rear of a livery stable there was a privy vault, full of the most foul putridity; the ground adjoining it was saturated with the fluid from this pest-hole. The proprietor of the stable rejected all attempts made to have it cleaned. Late in August a negro who had cholera used this privy; from this point of origin, twenty-six persons lost their lives from cholera.

Reference was then made to the Marion county (Ky.) Fair, the Doctor explaining how universal is the custom among the people of attending these gatherings, and said that the Fair held in August of 1873 proved a most disastrous means of general dissemination of cholera through that and all the adjacent counties. He was understood to say that it was in one of the patients who took cholera at this time and place, that there was complete *retention of urine for five and one-half days*, with subsequent recovery.

The depressing influences of a panic were forcibly and vividly illustrated by the cases in Garrard county, Ky. In 1836 there had been a devastating epidemic of cholera in that county, and from that time the people had handed down stories of its ravages and sorrowful scenes. When, therefore, after combating the disease in 1873 as being cholera morbus, it was declared to be Asiatic cholera, the consternation and panic became overwhelming, and the disease very virulent and fatal.

A graceful tribute was paid to the authorities of Lancaster, Garrard county, Ky., for that which had seldom been done elsewhere, namely, paying the physicians who labored to subdue the disease. They also disinfected the districts, and took care of the poor at the public expense. Doctor M'Clellan said that he was

anxious to obtain the records of the epidemic in the direct line of the disease; he had no desire to be *ex parte*, or to support or advance any theories, but simply to secure facts. He wished physicians would record their cases, and would be glad to have them give him notes of any, stating the details as minutely as possible, such as the sex, age, color, condition in life, date of attack, date of recovery, date of death, remarks and treatment.

As to the pathology and treatment of cholera, little was said, for lack of time. It was considered to have three stages. The first was the premonitory painless diarrhœa. Cholera is the only malignant disease amenable to treatment in its first stage; this should be promptly treated, else, if it go beyond, the patient is where no human power can help him. In 1873 there was cholera in Mississippi, Alabama, Georgia, Missouri, Kentucky, Arkansas, Ohio, Illinois, Dakota, Minnesota, and, for the first time, it went to the Rocky Mountains. It was most severe in Mississippi, Kentucky, Illinois, and eastern Tennessee.

Dr. Hay said he was glad to have heard these outlines of the progress of cholera; it had modified his opinion; he had been disposed to doubt whether it had truly been the cholera. The information Doctor M'Clellan had given him and allowed him to examine, had removed all his doubts entirely. He could render no more effective service to the profession than the collection of data, such as have been partially given here to-night. In the problem of epidemics there are three essential factors: *First.* The existence of a specific poison, not marsh miasmata, or not it alone. *Second.* Atmospheric and telluric conditions that could be transported or propagated. *Third.* A condition of the individual human system favorable to the reception and development of the poison; if either factor be absent, the problem fails.

We may justly look forward to important results from the work now in progress under the direction of the Doctor.

Dr. Hay moved a vote of thanks of this society be given to Doctor M'Clellan, for the able remarks he has kindly given us this evening. The same was carried with hearty approval.

Dr. I. N. Danforth. Those who have listened attentively must have been convinced of the existence of specific disease germs; they can be traced man by man, from well to well, drain to drain. The Government had certainly assigned the right man to the right place.

Dr. M'Clellan said that he could say one thing, that of all the reports he had yet received, the report of the Board of Health of Chicago was the most comprehensive of any; the facts were clear and to the point, and would give him great assistance; its Microscopical report, by Dr. Danforth, was the only one he had yet found.

Dr. Owens adverted to the fact that this society had appointed a committee last year to study the disease. The Sanitary Superintendent was present and said that the first case of cholera in Chicago, in 1873, occurred on May 24th, at No. 444 Arnold street, in the person of John McFee, a bridge-builder, who had been working near Memphis, and left on account

of the cholera. When he arrived in Chicago he had diarrhœa, which remained unchecked, and after a week or ten days developed choleraic symptoms, and proved fatal.

The Society adjourned.

BRITISH MEDICAL ASSOCIATION.

From the Philadelphia Medical and Surgical Reporter.

NORWICH, Tuesday Evening, August 11.

The British Medical Association commenced its forty-second annual meeting to-day. The proceedings commenced with a special service in the Cathedral, the preacher being the Rev. Canon Heaviside. In the afternoon a council meeting was held, and this evening the inaugural general meeting was held, when the retiring President, Sir William Fergusson, resigned the chair to the President elect, Dr. Edward Copeman.

The President elect, in his inaugural address, recalled the fact that the celebrated Sir Thomas Browne was a Norwich physician; that the eccentric Dr. Messenger Monsey was the son of a Norfolk clergyman, and well known as Sir Robert Walpole's Norfolk doctor; that one of the Aldersons practiced in Norfolk as a physician; that Dr. John Kaye, or Caius, of Cambridge notoriety, was born at Norwich, in 1510; and that the late Mr. Martineau was surgeon to the Norfolk and Norwich Hospital for many years, and was regarded as one of the greatest lithotomists of his day. He might add the names of Rigby, Dalrymple, Lubbock, and Crosse, the last having been one of the foremost of provincial surgeons, and one of the founders of the British Medical Association. Norwich had a noble provincial hospital, more than one hundred years old, containing a museum in which were displayed all the stones removed by operation since its foundation, as well as many unique specimens of morbid anatomy.

WEDNESDAY, Aug. 12.

The British Medical Association continued its proceedings to-day, an address on "Medicine" being delivered by Dr. J. Russell Reynolds, Professor of Medicine in University College, and Physician to University College Hospital. Dr. Reynolds argued that if we would know the present condition of medicine and pathology, we must see whence it had come and whither it was tending. It was not his intention to attempt to furnish an account of the details of recent scientific works on medicine, but rather, by an examination of our past and present relations to four great propositions, or, if he might use the term, articles of creed, to show how they had affected our modes of investigation in the past, how they are governing or guiding our labors now, and what were the results which we saw coming from the now-existing and prevailing tendencies of thought. The four articles of creed to which he referred as influencing for good and for evil the progress of scientific pathology, were a belief, first, in life; secondly, in man; thirdly, in individuality; and, fourthly, in the specific character of disease. By losing sight of or underrating the great primary fact of life, we deprive ourselves of the information to be gained from a study of subjective symptoms, we often misdirected our therapeutic efforts, by eliciting vital action rather than conserving vital force, and we lost sight of many of the most important causes of disease. By failing to see the specialty of the nature of man, we underrated or ignored much of the etiology of human suf-

fering, we were often misled by the results of observations upon animals, and we were in danger of misinterpreting the facts of the most serious maladies which might afflict our fellow-creatures. By disregarding the individuality of man, we were in danger of again, and in another way, losing a due appreciation of the causation of disease, and of overrating the value of statistics, and of being led away by their apparent precision, which existed only with regard to masses. By an unsound application of the idea of the specificity of disease, we might, on the one hand, sweep away distinctions which were facts of pathology, and, on the other hand, lay down lines of demarcation which were unreal. It was, he thought, obvious that the science of medicine was in a state of change, as well as of progress. It had not yet arrived at the degree of exactness which might be found in the simpler sciences; but those who were devoting themselves to its pursuit were pressing toward that end, and each was endeavoring so to throw his mite into the treasury of knowledge that a scientific ordination of the facts of pathology might hereafter be a possibility. But the facts were so diverse in kind, so varied in appearance, and so bewildering in their complexity of form, that we must wait, and, perhaps, wait long for their due arrangement. A true science of pathology could not be until the knowledge of all individual workers was the common property of all. In the meantime, we must learn to labor and to wait; and we must, least of all, commit ourselves to any one particular school or line of thought, but rather cultivate that habit of mind which had "a look southward, and was open to the whole noon of nature." In our recognition of the specialty of disease we had carefully to examine the nature and the sources whence they came, of all the contaminations by which the stream of life might be damaged or defiled. They might be puzzling, hard to separate, and still harder to trace to their source; they might be complicated in their effects, and so mixed together that again and again we might be baffled in our attempts at their analysis; but what we wanted was work, not on any preconceived theory, but work which should faithfully follow onward and trace backward the line of sequence of events, and eventually yield, as it had done before, a real knowledge of the facts we wished to know. Again, with regard to the individuality of man, we must strive to show whence each life had come, the nature of its source, the conditions of its youth, the struggles of its onward progress, the valleys through which it had passed, and the rocks it had to "overleap or rend." We might be often perplexed in our attempt to solve the problem which it presented, but we must accept the facts of their existence and of their variety. We must know all that made up individual life if we would understand its ills. We must go back to its source, and look around at all through which it had had to pass or work its way, if we would know how to understand or arrest the troubles it might meet. Again, with regard to man, it was not until we recognized in him his true relation to the world which lay around him that we should duly understand his sorrows, or whence they came, in such a way as to prevent them or relieve them when they were thickly hedging him about. Lastly, we must duly appreciate the great fact of life, the mystery of mysteries, which underlay all our knowing, and overarched us sometimes with light, sometimes with impenetrable gloom. When we tried to realize it, we seemed to be on the surface of a boundless ocean; above us the sky, now dark with cloud and rent by storm, now lit with sunbeams or trembling with the pale light of stars, beneath us a mighty deep, with its unknown treasures, mysterious currents, and "sense of unfathomable danger." Sometimes we saw the land, and pressed toward it, but again the night came down, the horizon line was lost. We were poised between two worlds, and although we might strain our eyes to see and our

ears to hear, we might find no token to tell us of the points in which they met, no glimmer of the unseen things which severed them. But let us thank God that we were not left alone, and that in such darkness there often arose light.

The address was frequently applauded, and on the motion of Professor Hughes Bennett, a unanimous vote of thanks was tendered to Dr. Reynolds. Professor Bennett observed that the occupation of the medical man and physiologist was to determine the laws which governed vital properties. This task presented enormous difficulties, and how were they to be overcome? He contended that medical men were justified in making use of the inferior animals, with a view to the solution of the problem. He considered that many existing difficulties and mysteries might be overcome with work, if workers were found, and if those workers were properly remunerated. Dr. Bateman seconded the vote of thanks. It was agreed that the summer meeting of the Association should be held in Edinburgh, and Sir R. Christison was elected President for 1875.

In the Public Medicine Section, over which Mr. W. H. Michael presided, Dr. Rogers, as President of the Poor Law Medical Officers' Association, made a statement to show that where medical relief was stinted the general expenditure on Poor Law relief was heavy.

Dr. Beverley read a lengthened paper on Hospital Hygiene, illustrated by reference to the Norfolk and Norwich Hospital.

A vote of thanks was accorded to Sir W. Fergusson, the retiring President, for his services during the past year, and he was unanimously elected Vice-President for life.

A report was presented from the Council, which stated that the Association now numbered between 5,000 and 6,000 members, and its financial condition was also satisfactory. The income from all sources last year was £8,511, and the debt of the Association was reduced to £212, with a prospect of total extinction this year. Under these circumstances the Council proposed that £200 should be granted in aid of researches in medicine and allied sciences. The Council stated that an invitation had been received that the next country meeting of the Association should be held in Edinburgh. After some discussion, the report was adopted, and Mr. F. Fowkes was re-elected Secretary for 1874-5. The meeting was then adjourned to Thursday.

In the evening there was a *soiree* in St. Andrew's Hall.

THURSDAY, Aug. 13.

This morning the British Medical Association resumed its sittings, when an address on Surgery was given by Mr. W. Cadge, F. R. C. S. Surgeon to the Norfolk and Norwich Hospital. Mr. Cadge observed that the novelties of surgical practice introduced during the last year or two were scarcely important enough to constitute a theme. They were chiefly comprised in Esmark's bloodless system of operating and Dittel's elastic ligature. Concerning these, he would only say that the first was not a novelty, having been practiced by one of the members of the Association many years since; the second was, in his opinion, more curious than useful, and not worthy a place either in the records or the practice of surgery. There was one great subject which, if not exactly a novelty, was of recent time, and was still waiting for a solution, both as to its facts and as to the theories held to account for its facts—he meant the germ theory of putrefaction and antiseptic surgery. This subject he considered of surpassing importance and interest. Underlying, if not undermining much of the existing fabric of surgical pathology and practice, it could not be too often brought to the bar of professional criticism, for on its right solution, whether it was true or not, depended a multitude of points in daily practice, and even, probably, the lives of many of our fellow-creatures. The remainder of

Mr. Cadge's paper was devoted to an elaborate examination of stone diseases, which occasions an annual mortality at the rate of one in 42,744 of the population in Norfolk, as compared with one in 425,525 in Cheshire. Incidentally alluding to the importance of milk for the support of young children, Mr. Cadge observed that it would be a glorious result of statecraft if—instead of the futile wrangling over the sale of fermented liquors, which had wrecked one powerful government, and, by the disappointment of greedy expectants, had gone far to sap the popularity of its successor—by some equitable enactment, those who possessed and occupied the land should be held responsible for the production in sufficient abundance for the wants of the poor of that which was now a costly luxury, but which nature pointed out to be the chief—he might say the only—need of early childhood. The local influences which contributed to renal and vesical calculus in Norfolk were, Mr. Cadge thought, the universal consumption of malt liquor, the constant daily use of exceedingly hard drinking water, and the accumulated effect of hereditary predisposition.

A cordial vote of thanks was accorded to Mr. Cadge for his address.

Professor Hughes Bennett made a statement as to the antagonism of medicines—hydrate of chloral and strychnia, sulphate of atropia and calabar bean, hydrate of chloral and calabar bean, sulphate of atropia and meconate of morphia, meconate of morphia and infusion of tea, meconate of morphia and theine, meconate of morphia and caffein, meconate of morphia and quaraine, meconate of morphia and infusion of coffee, extract of calabar bean and strychnia, hydrate of bromal and atropia, etc. The statement was received with much attention and elicited a hearty vote of thanks.

Approval was given to measures taken for the incorporation of the Association under the Companies Acts, 1862 and 1867.

Sir James Paget delivered an able address yesterday afternoon, as President of the Surgery Section.. He observed that in the present day we overvalued the blood, and estimated too cautiously the loss of it. There were few persons in the room who might not be bled to fainting and to-morrow be almost unconscious of it; perhaps in this week of hospitalities they might even be the better for it. [A laugh.] Referring to the use of mercury, Sir James observed that in his youth mercury was largely administered. It probably did good in a large number of cases of which the real nature was not at the time discerned, and in a large proportion of the chronic diseases of internal organs which we now assigned to syphilis. Years ago there was no suspicion that syphilis affected any but external parts. We knew now a multitude of syphilitic affections of the liver, of the lungs, of the spleen, and many more still of the nervous system, which formerly were vaguely put down to chronic inflammation of unknown origin, or to tumors, thickenings, and productions of substances which needed to be absorbed. At the present time we were rather apt to think that pathology should be the guide of therapeutics, while there was a large number of cases in which therapeutics should rather be the guide of pathology. The fact that a medicine cured a given disease was as much a fact, and quite as significant a one as the employment of a chemical test for discerning the nature of a solution. It could be repeated from time to time, and with the same results. There was hardly anything in the chemistry of complex bodies more sure than that quinine cured ague and a large number of periodic diseases. As with quinine, so with mercury. If in his youth the value of therapeutic tests for indicating disease had been fairly estimated, we should have come many years sooner than we did to a knowledge of the syphilitic nature of a large number of internal chronic diseases. We were, he believed, too much under the guidance of what might be justly

called inferential therapeutics. Because we knew something of pathology, we might, therefore, proceed at once from pathology to the knowledge of the remedies of disease. It was a fair method of study if it were not carried to excess, but it should be studied side by side with the other fact, that therapeutics might just as fairly be a guide to pathologic knowledge.

In the Public Medicine Section, today, Mr. W. H. Michael again presided. A discussion arose on a paper read by Dr. Beverley on the preceding day on hospital hygiene, with especial reference to the Norfolk and Norwich Hospital, in which a large amount of pyæmia has prevailed lately. Dr. Beverley recommended the construction of a series of single-storied buildings for the reception of such patients, care being taken to secure thorough ventilation.

Mr. Sympson, of Lincoln, made a statement as to defects in the Lincoln County Hospital, where pyæmia and erysipelas had also prevailed to some extent, the ventilation being imperfect. North winds were found to be injurious, but it was not the same with east winds, as Dr. Rumsey had feared to be the case in a London hospital.

Dr. Druitt expressed his opinion that when once a hospital became infected, the best course was to pull it down.

Mr. Barwell observed that the economic aspect of the question must be considered. In the case of the Norfolk and Norwich Hospital he attributed present difficulties to injudicious additions to the original building. There ought to be no place in a hospital where air could stagnate, and the staircase ought not to be in the body of the building.

Dr. Falconer observed that it was a mistake to speak of air as if it were under our perfect control. Air could not be driven about as we liked. At the same time every facility should be given for the ingress and egress of air from a dwelling. An attack of erysipelas had broken out in St. George's Hospital. Washing was stopped in the hospital, and the disease disappeared. He thought it was possible to have movable roofs to hospitals; these roofs might be periodically raised, and a thorough ventilation secured. By such a system as this it would not be necessary to pull down old hospitals, although they had a tendency to become contaminated.

Mr. C. B. Fox said the walls of old hospitals had a tendency to become saturated with organic matter. Had any measures been adopted to remove this organic matter at Lincoln or Norwich?

Dr. Copeman said he remembered a very serious outbreak of erysipelas in the Norfolk and Norwich Hospital, before recent additions to the hospital were made. So severe was this outbreak, that operations were suspended for a time. Afterwards there was a remarkable immunity from erysipelas in the hospital. One roof in the hospital had been found to contain a large quantity of impure air.

Mr. Hutchinson remarked that at Leeds a splendid new hospital had produced a large amount of pyæmia. Care in dressing wounds and isolation of contagious cases had been found to be productive of the best results. Erysipelas often originated *de novo*. He believed also that pyæmia originated from local contagion rather than from the air.

Dr. Fussell deprecated pupils or surgeons passing from fever wards to accident wards, or from post-mortem examinations to accident wards.

Dr. Beverley replied. He stated that measures were being adopted to cleanse one of the walls of the Norfolk and Norwich Hospital. The question of economy must of course be considered, but still human life must not be sacrificed, and it would be better to have a small and thoroughly efficient hospital, than a large and inefficient one. Some other points having been noticed by Dr. Beverley, the discussion closed.

Dr. C. J. Fox read a paper "On Water Analysis; as it should and should not be performed by the Medical Officers of Health." Dr. Fox ob-

served that the elementary principles upon which the greater part of the work of the Medical Officer of Health was based might be said to be the prevention of water pollution and of air pollution with the products of decomposing filth. The examination of drinking water formed a very important portion of his duty in his crusade against preventable disease. The most rough and ready way which has been employed for ascertaining whether or not water was polluted with organic matter was to partly fill a clear bottle with a sample of it, and having violently shaken the same, to take a hearty sniff at the air of the bottle which had been agitated in the water. If the air smelt sweet and fresh, the absence of an injurious amount of organic matter was inferred, and *vice versa*. It should be borne in mind that the existence of an unpleasant odor or taste about the water from a well sunk through certain kinds of clay was no proof of the pollution of water with organic matter. Water, if allowed to remain long in contact with certain kinds of clay, acquired such an objectionable smell as to be at times quite undrinkable, and yet might not at the same time contain an amount of organic matter which would warrant its condemnation. A well of this kind could be made to furnish excellent water by the frequent withdrawal of its contents, or, if that was not practicable, by the filling up of the dug portion of the well, and by drawing the supply solely from the bore pipe. Dr. Fox, in closing a paper of considerable length, said his object in bringing the subject of water analysis before the Association, which numbered among its members so many Medical Officers of Health, was the hope that some uniform plan of examination might be adopted by all.

Mr. A. Haviland made some observations on the geographical distribution of disease within the area of the counties of Northampton, Leicester, Rutland, and Bucks. He expressed an opinion that typhoid fever was contagious, although he knew that it was a moot point. Consumption prevailed to a great extent in the valley of the Nene, especially among women, who lived less out of doors than men. Every Northampton shoemaker was fond of poaching and country life, but the poor women remained at home. He complained that one medical man had returned scarlet fever as sore throat, and that the fever had spread in consequence. He thought strict accuracy was essential in all such matters.

After a short discussion, the section adjourned.

The usual public dinner was held in the evening, in St. Andrew's Hall. The chair was occupied by Dr. Copeman. There were about 300 guests, and the hall presented a brilliant appearance. The Duke of Connaught could not be present, in consequence of other engagements. It was suggested that next year there should be a section for military and naval surgery.

FRIDAY, August 14.

This morning the British Medical Association continued its sittings. An address in obstetric medicine was delivered by Dr. J. Matthews Duncan, physician to the Royal Maternity Hospital, and Lecturer on Midwifery in the School of Medicine, Edinburgh.

In the Public Medicine Section, Dr. Drysdale, senior physician to the Metropolitan Free Hospital, and physician to the North London Consumption Hospital, submitted a paper on the influence of tobacco on public health. Dr. Drysdale observed that in the midst of all cheering signs of the march of scientific civilization, it was curious to remark that the custom of tobacco-smoking became every year more prevalent. He did not think that alcoholic intoxication was so prevalent as it used to be, although it was still terribly prevalent; but he expected no one to doubt his assertion that tobacco was becoming much more extensively consumed, and that even by the highest classes. Quite recently the leading medical journal, edited as it was by writers of great lit-

erary merit as well as great professional eminence, recommended the use of tobacco as a necessary for our troops on foreign service, thus classing it with the hygienic remedies useful in malarious and tropical districts. He therefore almost feared that any one accusing tobacco of doing any harm to the public health might not impossibly run the risk of being charged with the madness of the great Spanish hero of Cervantes, and be reputed as running a tilt against windmills. He had seen, however, in the course of his life, so many cases of disease, which he, rightly or wrongly, had attributed to the use of tobacco, that he felt it his duty to say a word on the negative side of the question. It was not above a month or two since that he saw, in the course of one week, two cases of complete blindness, accompanied by atrophy of the optic disc, in men, entirely due, he was sure, to the use of tobacco. One of these patients was of the age of twenty-seven, and had been a most extensive smoker for some six years, consuming, he said, an ounce of Virginia tobacco daily. The other unfortunate young man was only twenty-four years old, and he had been in the habit of chewing constantly as well as smoking. His amaurosis was quite similar in character with that of the other patient. Affections of the gums and tongue were very frequently seen in old smokers. The tongue looked as if it had been painted with a solution of nitrate of silver in some cases; in others there was lividity of the gums and great duskiness of the fauces. Among the poorer classes tobacco-smoking and chewing often made a man's mouth a deplorable spectacle. Dyspepsia and diarrhœa were more frequently caused by smoking than many believed, and Sir W. Jenner used to say, and he (Dr. Drysdale) thought with truth, that the use of tobacco disposed to palpitation of the heart, prolapse of the rectum, etc. Whatever might be thought of this view, he could cordially subscribe to the opinion which ascribed to tobacco many of the cases of *malaise* and cachexia of men who would otherwise be in excellent health. Tobacco-smoking had left the tap-room, and now even the Throne itself was not destitute of the smell of tobacco. Were the modern Turks or Germans to go on smoking from morning till night, as they did, and consuming Virginia tobacco or Cavendish as we did in England, they would indeed present a deplorable spectacle of public want of stamina. Fortunately, however, German and Turkish tobacco was almost devoid of noxious properties. In Russia, Turkey, and some other nations, women had already begun to invade the smoker's domain, which in England they had at present left unexplored, to the great satisfaction of all who valued good complexions in their countrywomen. In Russia elderly ladies asked smokers for a light for their cigarettes or cigars, and taught their daughters to blacken their teeth and injure the purity of their breath by inhaling the fumes of the burning weed. He could not help thinking, with the physicians of more primitive times, that simple diet, with absence from stimulants and narcotics, would, to the end of all time, be found the greatest friends to virtue, beauty, and good health. Railway traveling, always so uninviting, was now rendered much more so by the stale smell of tobacco smoke. The whole of Europe, it had been remarked by Professor Mantejezza, was fast being turned into a cigar divan; and it became every day more difficult for a male of average strength of mind to assert his liberty to refrain from tobacco if he went into society at all. He (Dr. Drysdale) thought, then, that it was time for such practitioners of the healing art as had anything to say about tobacco, to speak out. For his part he charged tobacco with causing blindness, palpitation of the heart, paralysis, diarrhœa, and diseases of the teeth and mucous membrane of the mouth and tongue. He alleged that it was a foe to cleanliness and good manners. He knew that it was injurious to workers in tobacco factories, and he therefore contended

that it was not a true luxury, and never a necessary. Tobacco might be used for the treatment of asthma, but to admit tobacco-smoking, chewing, and snuffing, into the list of the luxuries of a refined and wealthy age, was, in his opinion, a violation of the laws of public hygiene.

The President (Dr. Bateman, of Norwich,) said he thought the question of sewage was not merely one of local interest, but of imperial interest. In Norwich the citizens had been experimenting at heavy cost in the matter of sewage and irrigation, and they would still have to expend a further sum, and at the same time take a leap in the dark. In Norwich the ratepayers were, in fact, in the position of pioneers who were spending a large amount of money for the benefit of others.

The section then adjourned.

The concluding general meeting was held this afternoon; Dr. Copeman presiding. A discussion arose upon a report presented by a committee upon qualification and state medicine. Dr. Rumsey proposed that the question should be referred to Dr. Lyon Playfair, M. P., Mr. G. W. Hastings, and the Rev. Professor Haughton, of Dublin. The report was received, with power to the committee to adopt the suggestion of Dr. Rumsey. A grant in-aid committee was appointed to carry out a recommendation that £200 should be voted for scientific researches. Thanks were voted to the East Anglian Branch of the Association and the local members of the medical profession, for their reception of the Association. Sundry other votes of thanks were accorded to the Mayor and Corporation of Norwich, to Mr. J. J. Colman, M. P., to Lady Lothian, Lady Crossley, and other ladies and gentlemen, for courtesies extended to the association. A cordial vote of thanks was also given to the president, Dr. Copeman.

The proceedings then terminated, although sundry excursions have been arranged to places and scenes of local interest.

Gleanings from Our Exchanges.

PRACTICAL NOTES ON CUTANEOUS SUBJECTS.

By TILBURY FOX, M.D., LOND., F.R.C.P.

From the London Lancet, Sept., 1874.

SYPHILITIC TUBERCLES ABOUT THE NOSE.

I HAVE seen strange mistakes made in regard to the nature of specific indurations or tubercular formations about the nose. The occurrence of syphilitic inflammation or infiltrations in circumscribed spots about the nose, constituting the sole syphilitic cutaneous manifestation present, is not uncommon. The favorite seat of these infiltrations is the hollow formed by the junction of the ala of the nose with the cheek. These formations may be as small as, and even smaller than, a split pea, or as large as an almond or larger. There may be one or several. Generally speaking there are one or two packed together. In some cases the nose about its tip or side, or in both situations, appears enlarged from excessive tissue; whilst it is at the same time redder and hotter than usual, and distinctly indurated to the touch.

More rarely the general enlargement of the nose is excessive. The tubercles, or the more general enlargement, may be the seat of ulceration or crusting. No such condition as the last described could be the result of simple inflammation. The syphilitic disease begins and progresses slowly and indolently; and the enlargement is due to the formation of a fleshy-like mass, firm and reddish—a neoplasm in fact. The neoplasm in the form of a tubercle or a more diffused infiltration is firm, not very vascular; it *tends* to crust freely and to ulcerate—characters that bespeak its syphilitic nature. The lupus neoplasm is softer, more vascular, gelatinous-looking, and, if small, does not crust, except in strumous subjects, but is covered by thin scales, which are closely adherent; and, further, the tubercles are not multiform, save but very rarely. But the diagnosis is further set at rest by the discovering of some concomitant syphilitic lesion of the throat or the tongue, by the presence of nocturnal bony pains, &c., although there may be no additional evidence of skin syphilis.

These syphilitic tubercles are often taken to be acne indurata spots; but they have none of the characters of an inflamed sebaceous gland, and especially no central aperture indicative of the follicular opening; they are primarily solid (new) formations, and they tend to ulcerate and leave pits behind on their disappearance, unlike ordinary acne spots. I have seen many cases of these syphilitic tubercles or slight infiltrations about the nose which have been treated for a long time without any benefit because their nature was not recognized; but if the fact of the disease beginning as a new formation be attended to, the observer will be at once put upon his guard against error, and many a patient will be saved from ugly ulceration and deformity of the ala of his nose by timely treatment.

UNCONSCIOUS SCRATCHING.

I am convinced that sufficient attention is not paid to the evil effects of scratching upon skin diseases accompanied by pruritus, and especially by such as may be termed unconscious scratching—i. e., that which is practiced during the night. To the case of old people suffering from pruriginous affections these remarks particularly apply. I was recently consulted by a gentleman in his fifth-eighth year, who had been greatly distressed and worried by an attack of cutaneous pruritus, for which he had failed to get relief, and which he aggravated greatly by savagely excoriating the skin with the nails, thereby inducing a crop of what is known as pruriginous papules (inflamed follicles and papillæ in a state of excoriation). The cause of his malady was overwork and want of fresh air no doubt; this, however is not the point I want to notice, but the effect of scratching during sleep practiced perfectly unconsciously upon himself. He told me that his mornings were miserable on account of the burning and soreness he felt in his skin. He imagined that he had exacerbations of his disease in the mornings; but I observed that each morning the skin appeared to be more than usually excoriated, and on requesting his wife to watch his doings at night, it appeared that he was in the habit of almost continuously scratching himself in various parts of the body when in sound sleep. He had no idea that he habitually so scratched his skin; but attributed the ill effects of the scratching to an aggravation, natural as it were, of the disease. The disease in his case was speedily cured, though it had lasted some time, by anointing the body with simple oil, and tying the hands in gloves, so that the nails could inflict no injury upon the skin when he was not watched in the night. The case illustrates the importance of attending to "little matters" in the treatment of skin diseases, and especially in regard to scratching.

SYPHILITIC PEMPHIGUS IN AN ADULT.

As instances of syphilitic pemphigus are "few and far between" in private practice, the narration of the

following case, which came under my observation in March, 1873, will be followed with interest.

The patient was a gentleman aged twenty-five, sent to me by his medical man from the country. He informed me that he had "had a great deal of worry and trouble of late," and had suffered much from "migrain." The disease for which I was immediately consulted attacked him first in October, 1870, about the hands and feet, and the interior of the mouth was so badly affected that he "could not eat anything," and the patient added that "the throat was awfully bad." He had been attacked by seven outbreaks in all, including the one I saw. The outbreaks kept him in bed a fortnight, and left him in a very weak and depressed condition. When any outbreak was severe, the patient suffered from intense headache during its height for about twenty-four hours. He had been subject to neuralgic pains, and occasionally to rheumatic pains. He had been very low-spirited. The body had never been attacked by the eruption; the penis, however, had suffered of late.

The last attack began on March 6th by a little speck on the centre of each hand, the patient being very low and weak. The lip became sore on its outside and "broken." On March 8th another spot appeared on the thumb. On the 11th other spots had appeared about the fingers, and the first which came had assumed the aspect of little bullæ; the gums had also become tender, and the spots on the 14th had reached the size of a large split-pea. On the 15th the patient felt so weak that he had to go to bed; the throat got very sore and the bullæ filled with bloody fluid and looked like black grapes. The feet now became affected. On March 20th the patient was still in bed; headache came on and lasted all day, and the man suffered from great pain in the limbs and febrile disturbance. He got up on the 24th of March (eighteenth day of disease) for the first time since he took to bed. When I saw the patient on March 28th—that is, the twenty-second day of the attack, there were about sixteen bullæ on each hand, of various sizes and different stages of evolution, some being much indurated at their bases and some freely coated over; and about ten on each foot. Patient's tongue exhibited white patches and fissures on the sides, and there was also evidence of syphilitic ulceration about the throat on each side. His wife was confined of her first child in February, five weeks before her expected time, and the child only lived two days.

Remarks.—I base my diagnosis of syphilis upon the general state of the patient, which showed that he was to some extent cachectic; upon the frequency of the attacks of headache; the occurrence of rheumatic and neuralgic pains, especially about the head; the evidence of syphilitic mischief in the throat and about the tongue; the seat of the bullous eruption—viz., the soles of the feet and the palms of the hands; the indolent character of the eruption—viz., the slow development of the bullæ, their tardy progress, the presence of sanious contents, and particularly the induration left behind by them; upon the premature confinement of his wife with what was practically a still-born child; and, lastly, the effect of anti-syphilitic treatment in relieving the patient.

SURGICAL ANÆSTHESIA.–M. Fornes, a French naval Surgeon, urges the advantage of putting a patient asleep by administering chloral hydrate previously to his inhaling chloroform for the purpose of anæsthesia.—*Le Movement Medical*, June 27, 1874.

A NEW DIAGNOSTIC SIGN OF AMYLOID DEGENERATION.—Dr. Lionville, of Paris, has observed the presence in the urine of epithelial cells having undergone amyloid degeneration in the adult. He advises therefore in all cases where amyloid degeneration is suspected to exist—namely, those in which chronic diarrhœa, with cachectic symptoms and tumefaction of the spleen, are observed—to search in the urine for this additional sign.

RECOVERY FROM APPARENT DEATH INDUCED BY THE INHALATION OF CHLOROFORM.

By Sir John Rose Cormack, M. D., of Paris.

From the Transactions Surg. Section Brit. Med. Assoc., 1874.

THE case here given was described to show the therapeutical value of inversion of the body when there is syncope from cerebral anæmia, and to aid in the elucidation of chronic chloroform poisoning.

The subject of this remarkable case was J. A., a lady's maid, an Englishwoman, aged 27. She was minutely described in the opening of the paper. The gist of the details we may sum up by saying that she was hysterical, weak and anæmic. She was admitted, under Sir John Cormack's care, to the Hartford British Hospital of Paris, on January 30, 1874, to be treated for chronic disease of the hip joint and necrosis of the femur. On May 25, Sir John resolved that she should be chloroformed, so that, painlessly to the patient, he might make a thorough exploration, and remove a loose piece of bone, which could be felt by the probe. At half-past ten on that day all was ready for the operation. The patient was placed on her left side, recumbent, and with the face quite free. The day was hot, but a slight breeze was playing. The patient lay before, and within three feet of, a large casement window. Mr. Vines administered the chloroform. This he did by placing near the patient's mouth a napkin folded as a hollow cone, and having within it a small quantity of chloroform. There was a free space of some inches between the towel and the lips of the patient. In two minutes she had passed into a calm sleep, without having spoken a word, moved a limb, or twitched a feature. Pinching the skin of the fore-arm caused only a very slight movement. The towel was now so far removed from the mouth that the inhaled chloroform vapor must have been so diluted with atmospheric air as to augment very slightly the anæsthesia. For two minutes more Sir John kept his hand on the pulse. She was then profoundly chloroformed. The breathing was natural; the pulse, though slow, was quite regular, and of fair strength. At the end of four minutes from the commencement of the inhalation of chloroform, his colleague, Dr. Herbert, joined Sir John. Just as he entered Sir John made a free incision, saying, almost simultaneously with Dr. Herbert, that the patient was too much under the influence of the chloroform. Glancing at her and feeling her pulse, Dr. Herbert replied—"Yes, but the pulse and breathing are all right." No more chloroform was given; and whilst Sir John proceeded with the operation to its completion, the window was thrown open; and Dr. Herbert tried to bring back the patient to consciousness by flapping her face and chest with a wet towel. About twenty minutes from the time at which the inhalation was commenced, Dr. Herbert announced an alarming irregularity and sinking of the pulse. At this crisis, and throughout the whole duration of the unconsciousness—except once, for a few minutes—the lips were red and the face had neither a ghastly nor a pale aspect. The pulse became more and more irregular and feeble; death seemed imminent. The body of the patient was inverted; the pulse immediately improved. The patient was maintained in an inverted position for four or five minutes; the pulse had then so much improved that danger seemed to be past. Accordingly the woman was replaced in the horizontal position, when a variety of auxiliary restorative

measures were pursued. The patient was at a later stage twice inverted for a few minutes with remarkable benefit to the pulse. Many means were used when the patient was horizontal. There was partial consciousness. All seemed to be going on well, when the patient relapsed into unconsciousness, the pulse fluttered and fell, and the breathing became very weak, very slow, and occasionally jerking. At the same time, and for the first time, the lips and the cheeks became deadly pale, and for a minute or two life seemed extinct, so long an interval occurred between the respirations. Artificial respiration was employed. Under this treatment the pulse, which had become imperceptible, returned, to a certain extent, failing, however, when the artificial respiration was relinquished for a minute. At this crisis the danger seemed even more urgent than it had yet been, the respiratory function being much more profoundly compromised. Inversion was again resorted to, and again with the happiest results. A little later, vomiting came on, which seemed to bring back the patient to a certain degree of consciousness. This was the state of matters at half-past one o'clock. Between that time and half-past three she was in an improving but still very dangerous state. The relapses were frequent, but they were, with one exception, not alarming. At four o'clock she took some beef-tea. She swallowed easily. She was then in a state of semi-consciousness, in which condition she still remained on the following day. Its intensity gradually diminished; but three days and three nights had elapsed before it had entirely passed away. At the end of that time the patient had resumed her former ways in respect of food, sleep and intelligence. It is essential to state, that besides artificial respiration and inversion, many auxiliary means of resuscitation were employed, all of which must have contributed to the happy issue. In this abstract our object has been to present as fairly as possible the beneficial results of the inversion practice. The *chronic* and *cataleptiform* characters of this case of poisoning with chloroform vapor were, in the author's opinion, its most remarkable features. Several cases of a somewhat similar character were mentioned, showing that chloroform inhalation may prove fatal after an interval of many days. The author was convinced that inversion had proved useful in his case as well as in others previously described. He held, however, that all the various restorative measures which had been employed in his case contributed to recovery. He said that numerous cases are recorded in which, by means of keeping the patients warm and in the horizontal position, they have been saved by artificial respiration. The author did not recommend that, in cases of cerebral anæmia from chloroform poisoning, the inverted was preferable to the horizontal position; he only recommended the former to be used—as in the case he had described—for short intervals, and in conjunction with the persevering use of artificial breathing and the other common measures of recovery and precaution.

PROTECTION FROM YELLOW FEVER.—In a report on yellow fever, recently published in the United States, it is shown that this disease has never appeared in any climate at the height of 2,500 feet. In the island of Dominica, a hill-top not more than 1,500 feet high is always healthy, even when the fever is epidemic at its base. In San Domingo similar observations have been made. The highest elevation at which yellow fever has occurred in the United States is 460 feet, in Arkansas; and the medical men of this country now hold that the stratum of air infected by the poison is heavier than pure air, and therefore sinks, and they recommend that in unhealthy districts houses and hospitals should be built on tall piles, so as to be above the fever stratum. But where hills are near, the best remedy will be to carry the patients up to a height of 500 feet.

CASES ILLUSTRATING THE USE OF THE ELASTIC LIGATURE, IN THE BIRMINGHAM HOSPITAL FOR WOMEN.

From the London Lancet, Sept., 1874.

THE value of the elastic ligature is well illustrated in the subjoined cases. In the first case it was specially suitable. It is, indeed, in the instances of vascular growths so situated that cutting operations are inadmissible, that the gradual strangulation chiefly triumphs. The *modus operandi* tends materially to diminish the risk of hæmorrhage, while in operations of no great magnitude the danger of the supervention of phlebitis is but small, at least not greater than after the use of the knife, the cautery, injections, or the ordinary ligatures.

M. B.——, aged twenty-five, admitted Dec. 25th, with a large varicocele of left labium, which gave rise to much discomfort from the excoriations and discharge. Its removal had been attempted in another institution, but the hæmorrhage had been so alarming that it was not persisted in. According to her own account, the patient had to be watched night and day by dressers.

Feb. 2d.—Mr. Tait passed a double elastic ligature through the base of the tumor by means of a trocar, and tied it in opposite directions, so that each half of the ligature embraced half of the base of the tumor. A quarter of a grain of morphia was at the same time injected under the skin of the arm.

4th.—The tumor quite black, and nearly separated.

7th.—The separation is complete, and a healthy granulating surface about three inches in diameter is left, to which red lotion was applied as a dressing. Very little pain was complained of after the first twenty-four hours, and there was never the least hæmorrhage. On the 23d of the month the wound was almost healed.

H. S——, aged thirty-three, admitted Jan. 5th with a deep and sinuous fistula leading from about two inches to the left of the anus, through the ischio-rectal fossa to an aperture in the rectum, about three inches up. An elastic ligature was passed and tied on the 26th, and it came out on the 30th. Considerable pain was felt for a few hours after its insertion. The track healed perfectly, and the patient was discharged cured. In this case the advantage of the ligature over the knife was that it saved all loss of blood, and, as the patient was very anæmic, that was a point of importance.

M. P——, admitted April 27th, suffering from three perineal fistulæ, one opening to the right of the right labium, and the others about an inch and two inches respectively to the right of the anus. The uterus was quite fixed, and the history given indicated the occurrence of a pelvic hæmatocele some months previously, and its subsequent suppuration. These fistulous tracks led up into a cavity behind the uterus, from which a very abundant discharge flowed after its exploration.

May 1st.—Two elastic ligatures were passed, one through the track opening in the labium, and the other through the principal track to the right of the anus into the suppurating cavity, and thence through an opening made into the rectum, and then they were tied through the rectum. They made their way out on May 4th and 5th. A few days later the discharge was coming entirely through the rectum.

19th.—The discharge has very much diminished in quantity, and the patient is now able to sit down comfortably, as she has not done for many months.

INFLUENCE OF ANÆSTHETICS UPON THE SEXUAL IMPRESSIONS OF FEMALES.—A physician called as an expert before a United States tribunal made the following declaration: "A woman under the influence of anæsthesia is more liable to conception than when sexual intercourse has happened by force, and I concur in the opinion of Dr. Beck, expressed in his treatise on medical jurisprudence, that women may conceive during anæsthesia. The relaxation it produces facilitates conception."

This point seems to me established; but I desire to add an observation which I have made in my practice, and one that it deeply concerns physicians to know. It is well known to-day that occasionally under the influence of ether or chloroform an excitation of the sexual organs is produced and a feeling is excited in the mind by this sensation which may make a woman believe that she has been subjected to violence.

The first case of this nature which I witnessed myself occurred during a delivery. The woman, placed under chloroform, experienced sexual sensations so vivid that she accused me of having violated her and called on her husband for protection. But he had been with her all the time as well as a dozen women who had never quitted the chamber. In a second case I was administering chloroform to a woman to have a tooth extracted, but the physiognomy of the patient showed an expression of venereal excitement so pronounced that I hastened to call in her parents. On awakening she seemed astonished to see herself surrounded by her family, and clearly exhibitited what her impressions had been.

On another occasion a lady of a certain age entered my office in a state of high excitement, and related that she had gone to her surgeon to have a trivial operation performed, to relieve the pain of which she had taken chloroform, and the surgeon had abused her while under its influence. I was persuaded that she had deceived herself, and on examining all the circumstances clearly proved to her that she had been subject to a delusion.

The moral is that physicians should never administer ether or chloroform except in the presence of witnesses. —*Revue Medicale*, Aug. 17, '74.

TETANUS FOLLOWING ABORTION (*The Medical Press and Circular*, June 10, 1874).—Mr. M. A. Boyd reports the case of a primipara, thin, anæmic, and nervous, in whom abortion was produced during the third month, by a fall. The hemorrhage was easily controlled, and the remains of the ovum came away entirely on the third day. She did well until the morning of the sixth day, when trismus made its appearance, together with the characteristic *risus sardonicus*; opisthotonos followed on the next morning, with frequent and painful spasms, and her condition steadily grew worse until her death, which occurred six days after the commencement of the tetanic symptoms. She was treated with large doses of chloral,—nearly an ounce every twenty-four hours,—and with nutrients and stimulants. The tetanus was probably due to irritation of the brain, from deprivation of blood in an already anæmic subject.—*Phil. Med. Times.*

Dr. STUART ELDRIDGE, an American physician connected with the medical staff of five large native hospitals on the island of Yesso, Japan, has a large number of native students attending his clinical lectures. He publishes in the Japanese language a bi-monthly illustrated medical journal which finds numerous readers.

MEDICAL BOOKS.—Messrs. Jansen, McClurg & Co., 117 & 119 State st., have on hand a large and complete assortment of Medical Books. All new works and new editions received as soon as issued.

DAVIS'S CLINICAL LECTURES.—Messrs. H. C. Lea, Philadelphia, have in press a revised and enlarged edition of this work, which is announced for early issue.

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Original Communications.

ANASARCA IN CHILDREN.

BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

CASE I. During the spring of 1874 I was called to visit a child, of negro parentage, aged about five. Had measles in winter and when convalescent began to bloat over the whole body. I prescribed a mild alterative to regulate the bowels, to be followed with chlorate of potash and tincture muriate of iron. In a month, or less, the dropsy had disappeared, and the child now (July 15th) is well.

CASE II. Was called July 9th, 1874, to see a child, male, five and one-half years old. The mother is black but the boy has light curly hair, blue eyes, and a dirty yellowish skin.

Was told that the child had not been well for two months or more, but began to swell about the middle of June last. The lower limbs are much swollen; the abdomen full, and the face puffed. Bowels not constipated. Urine red but not very scanty Prescribed chlorate of potash with tincture muriate of iron.

12th. The dropsy is much lessened in the face and abdomen, but still remains in the legs and feet. Scrotum full of water, and the prepuce œdematous. Urine more free. Bowels move freely. Stools watery.

To suspend the chlorate potash and iron. To take iodide potassii in 2 gr. doses three times daily.

15th. Still improving, except that the scrotum is becoming fuller. An eczematous redness upon the scrotum and the thighs, upon which the disturbed parts press. Prescribed a lotion of carbolic acid and hyposulphite soda, to apply, and to powder with fine starch.

I attempted to evacuate the serum from the scrotum, but found the effusion confined to the cellular tissue.

Examined the urine and found an acid reaction, with no cloudiness on applying nitric acid or heat.

Bowels move often; discharges thin, but not unnatural in color. Gave 3 gr. calomel and to continue iodide potassii.

16th. Much the same. The water has escaped from the scrotum and the œdema is less in the legs and feet. Bowels moved freely from the calomel. Passes a good deal of urine. Very thirsty with but little appetite.

18th, 7 P. M. Appears much better. The scrotum less distended, but there is much soreness and redness on its surface as well as on the thighs where the parts touch each other.

To take ½ gr. sulph. cinchonæ every six hours, and continue the iodide potassii.

19th. Urine free, still acid, with no appearance of albumen.

Continue treatment.

21st. General appearances more favorable. Effusion confined to the legs and scrotum. The latter is less distended and not so red.

Have used a lotion of acetate of lead and morphine for two days, which appears to alleviate pain and soreness in the parts. Is taking sulph. cinchonæ, bismuth and salacin, every six hours, and to continue iodide potassii mixture.

26th. Has improved of late. The effusion in the scrotum very much lessened, and he has walked about the house. To-day complains of pain in the stomach. Gave small doses of calomel with bismuth.

28th. Much better. To continue the powders. The mixture to be suspended.

Aug. 3d. Since last report the effusion has all subsided except in the feet. The scrotum completely empty and the abdomen flat. The bowels are still very loose and food is rejected soon after it is swallowed.

Pulse very feeble and slow. Respiration normal. Inclined to sleep more than in former days of its illness.

Directed a resumption of the tincture muriate iron and chlorate potash.

10th. The child becoming more feeble. No effusion even in the feet. Vomiting continues, and the bowels loose.

13th. Failing in strength from day to day.

20th. The child has not vomited for three days and has some desire for food Very much emaciated, but the pulse is slow and the eyes have not lost their lustre.

Some diarrhœa, but not any more profuse than in days past. Gave him small powders of salacin and Dover's powder.

To have what food he will take, to consist of soups and other nutrient articles.

22d. The child appears better, having a good appetite, and the stools of a natural color and consistence.

To continue powders with good food.

28th. This morning no material change can be discovered.

During the past week there has been some irritability of the bowels and more frequent stools, with vomiting during a part of one day. Taken but little medicine, as tonics appear to render the appetite more craving. To have food in moderate quantities. As sleep has been more undisturbed of late, not even a Dover's powder has been required.

Sept. 2d. Found the little fellow more bright this morning and gaining

slightly in ability to raise his head. Appetite good and no vomiting. Alvine evacuations frequent but natural in appearance.

Sleeps very well and seems laboring under extreme debility. It now appears to be a mere question of endurance in considering the matter of prognosis.

Sept. 19th. This child continued to linger till about the 12th, when it slowly sank. It is rather unusual to see a case of anasarca continue long enough to admit of the absorption of the effused fluid. In other words, general dropsy proves fatal during its progress, and before any change occurs which will render absorption possible.

I think this case shows, to a remarkable degree, the tenacity of life which is sometimes observed.

There appeared to be no organic disease and death was the result of pure debility.

The above are typical cases of what we often encounter among the colored children. I took no notes in other cases met with during the last six months, but dropsy has been more common than usual during the year. As a result of measles quite a number of cases occurred during the winter and spring. Alterative doses of calomel, followed with tincture muriate of iron and chlorate of potash, was my most frequent tonic.

Case II, above related, was the only one that proved fatal. It is more than probable that the extensive admixture of Anglo-Saxon blood, rendered the child less able to endure the disease. I still adhere to the position that the bleaching process tends to lessen vitality, and, consequently, a mulatto is less able to stand any disease which by its severity makes an inroad upon the constitution.

Besides, quite a proportion of the colored children born since 1865 are of uncertain paternity. The transition of the negro from slavery to freedom has not resulted in any great improvement in moral conduct, and liberty, in too many cases, has lapsed into license, or freedom abused.

Sept., 1874.

SCIATICA, OF SEVERAL YEARS' STANDING, CURED IN THREE WEEKS, BY REPLACING A PROLAPSED UTERUS.

By Dr. S. J. Avery.

ABOUT the middle of August, 1871, I was called to see Miss T. I found the patient a young woman 21 years of age, of slight figure, a little below medium height, light complexion, and nervous temperament, suffering with pain of the right thigh and leg. The following history of the case I learned from the patient: Some three years before, while employed as teacher in an academy, in the state of New York, she was attacked with severe pains referred to the back and hips, extending down to the thighs. During the following twelve weeks she was confined to her

room, and a large part of the time to her bed, being unable to move without assistance. She then began to improve in strength, and was soon after able to take short walks, but was not free from pain or lameness from the first attack to the present time. During this period she had suffered several attacks similar to the first, lasting two or three weeks, confining her as at the first to her room and bed. She had also suffered from the first from dysmenorrhœa.

Upon learning the foregoing history, I informed the mother of the patient, a woman of more than ordinary intelligence, that I suspected uterine difficulty, and probably displacement, as the cause of her daughter's illness. She replied that their "old family physician," in whose judgment and skill they had learned, after an acquaintance of twenty-five years, to place implicit confidence, as also several other medical gentlemen in whose care she had been placed, had never suggested any difficulty of that nature; that it was the desire of herself and daughter that electricity be tried, as that had been highly recommended. Acceding to their wishes, I applied the interrupted current, using one of Kidder's batteries, over the course of the sciatic nerve, twice a week for nearly three weeks, the patient taking bark and iron as a tonic.

Under this treatment she seemed to improve, and expressed a hope that she was really recovering her health.

About this time I was called in haste, the messenger saying that Miss T. was in spasms.

On my arrival I found her suffering from excessive dysmenorrhœa, which was soon relieved by the use of small doses of chloral hydrate, combined with bromide of potassi. One week after, upon digital examination, I found the vulva, beside being somewhat swollen, very tender and sensitive to the touch, the os resting upon the unruptured hymen, which was apparently the only obstacle to complete procidentia.

I succeeded, with some difficulty on account of the swollen and tender condition of the parts, in placing the uterus in its normal position, and left the patient with directions to rest in the horizontal position as much as possible, promising to return in three days.

On the third day following I found the patient much improved. She stated that she had been free from pain since my last visit. The day before being Sunday, she had walked to and from church twice, a distance of nearly half a mile, without any inconvenience, and felt better than she had before since the first attack. I again replaced the uterus, which had fallen about one-third the length of the vagina, and left, promising to call again in one week.

I visited her twice after this, when I found the displacement so slight that further treatment was unnecessary. She took no medicine while receiving local treatment.

She now returned to her home in the east.

Fourteen months after I received a letter from her stating that she continued to improve, had gained 16 lbs. in weight, and that she considered her health established. The points of interest in this case are: First, the importance of a correct diagnosis of the causes of back ache and sciatica in

the female. Second, the *probability* of immediate relief in all cases of coincident retroversion, by adjusting the womb. Third, the possibility of the cure being permanent, even without an instrument, care being taken to convert the *retro*version into its antipodes—an *ante*version—in order to secure the antagonism of the normal intestinal pressure.

Clinical Reports.

MERCY HOSPITAL DISPENSARY.—SPECIAL CLINIC FOR DISEASES OF THE THROAT AND CHEST.

IN CHARGE OF F. H. DAVIS, M. D.

NASAL CATARRH.—Numerous cases of this very common and troublesome affection present themselves at this season of the year. They are of all grades of severity, from the recent acute inflammation, characterized by a free copious mucous or slightly purulent discharge to the old chronic *ozæna*, accompanied by the fetid purulent discharge, and chronic thickening of the nasal mucous membrane. The partial or complete occlusion of one or both nostrils by the accumulation of hardened secretion, and the swelling of the parts is of frequent occurrence, also partial deafness from closure of eustachian tubes. In most chronic cases the inflammation spreading down over the fauces involves more or less the larynx and larger bronchial tubes, producing hoarseness and slight cough with expectoration.

As met with in dispensary practice many of these cases present an evident syphilitic element. A broadened, thickened condition of the bridge of the nose from periosteal inflammation is a common evidence of this taint, also the destructive ulcerated patches in the nares, or more frequently on the fauces bear evidence to the same effect.

The treatment that we have been in the habit of pursuing in these cases of nasal catarrh is very simple, but apparently quite as efficient and successful as any that has been devised. The nasal passages are directed to be cleansed once or twice each day, either by the nasal douche or syringe; a solution of salt and water being used for the purpose.

The following solution is directed:

℞ Iodine Cryst., grs. xii.
Chloroform,..... ℥ i.

Mix.

To be inhaled two or three full breaths at a time, through either nostril, several times through the day. Slight or recent acute cases yield readily to this treatment alone. In

the more chronic cases, and where there is a fetid character to the discharge, ten or twelve grains of carbolic acid cryst. may be added to the above with advantage. General treatment by tonics and mercurial alteratives will also have to be resorted to in the more persistent chronic cases before much impression can be made upon them. The following is the mixture which I usually use in these cases:

℞ Tinct. Cinchona. -- ℥ ii.
Syr. Rhie. ---------- ℥ i.
Syr. Glycyrrhiza. ---- ℥ i.
Mix. Hydrarg. Bi-Chlor. gr. i.

A teaspoonful four times a day to an adult.

Or, in many instances, especially where any laryngeal or bronchial complication is apparent, the following mixture will act more efficiently:

℞ Ammonia Hydrochlor., ℥ ii.
Morphæ. Sulph., --- grs. iii.
Ant. et Potassa Tart. -grs. ii.
Mix. Syr. Glycyrrhiza ------ ℥ iv.

A teaspoonful four times a day.

Hydrarg. bi-chlor. one grain can be added, if desired, and would be more especially indicated if there was any syphilitic complication apparent or suspected.

The partial deafness resulting from closure of the eustachian tubes will frequently yield to the use of the inhalation already mentioned. In more severe and chronic cases however, the eustachian tubes may become, more or less, firmly agglutinated together throughout their entire extent. The introduction of the eustachian catheter and the dilation of the tubes by forcing a current of air through them is then necessitated. After dilation in this manner a current of iodized air must be occasionally forced through them by the catheter in order to prevent their becoming again closed.

A very great obstacle and discouragement that is met with in attempting to control these catarrhal affections arises from the fact of their so frequent and persistent recurrence after apparent cure. The membrane lining the nasal passages, remains extremely irritable, and sensitive to atmospheric influences for a long time, especially after being subject to repeated and frequent attacks of catarrh. In a climate like ours, subject at all seasons to the most sudden and extreme variations of temperature and moisture or dryness of the atmosphere, it is almost impossible for those once becoming subject to this affection, to so guard themselves as to prevent the more or less frequent recurrence of fresh attacks. By resorting promptly to treatment each time, however, these attacks can be cut short, and the supervention of any unpleasant sequelæ be prevented.

FUNCTIONAL DISTURBANCE OF THE HEART'S ACTION THE RESULT OF NERVOUS SHOCK.— Mr. R——, aged thirty-five years, a painter by trade, about six months previous to coming under my notice, had fallen from a scaffolding, some fifteen or twenty feet, striking upon his back. No bones were fractured, and no definitely seated injury could be traced beyond the general nervous shock.

He was confined to the bed for some six weeks after the injury on account of severe lameness and stiffness through the spine, especially in the dorsal region. This gradually disappeared however, so that he was able to sit up and get about again. There remained still great general

debility, and constantly increasing emaciation, together with a rapid excited action of the heart. The slightest exertion would bring on severe dyspnœa and a nervous, hacking cough.

This condition had persisted up to the time of his presenting himself at my clinic. No curvature or point of tenderness could be detected along the spine. No organic lesion of the heart was apparent on auscultation, neither any evidence of tubercular or other disease of the lungs that would account for the extreme emaciation and hectic symptoms. The functional disturbance of the heart was such as frequently results from a partial failure in the action of the ganglionic nervous system, or some like disturbance of the function of the pneumogastric.

It appeared that in this case, the jar or shock of the fall had so injured the spine as to interrupt or destroy, in great part, the general nerve nutrition. The proper nerve stimulus being thus wanting, muscular atrophy and emaciation naturally followed.

The patient was advised to remain at rest in the recumbent position the greater portion of the time, and to have dry friction applied along the spine two or three times a day. Was to take a light, nutritious diet, as much as the stomach would bear, and as a nutrient tonic, and especially to encourage nerve nutrition, a mixture of Liebig's extract of malt and comp. syrup of the hypophosphite, two parts of the former to one of the latter, was ordered to be taken in tablespoonful doses three times a day.

I was able to keep track of the patient for only about three weeks, but during that time he seemed to be gradually improving.

CONGENITAL MALPOSITION OF THE HEART AND ABSENCE OF THE STERNUM. —A boy nine years of age was brought in by his father for examination and advice on account of general debility and a chronic cough. The child was small for his age, and pale, and emaciated in general appearance. The father stated that he had been sickly from birth, and frequently subject to severe cough and dyspnœa.

Inspection of the chest revealed an entire absence of the sternum. The costal cartilages from either side coming together, formed a cartilaginous septum down as far as the fourth rib. There they divided to form a simple, narrow connecting band between the ribs on either side, and leaving the central space unprotected except by the soft tissues. The chest walls were thin and sunken between the ribs. The apex beat of the heart appeared very distinctly in the centre of the open space opposite the sixth costal cartilage. From that point the heart extended upwards and to the right, bringing the entire organ on the right side of the chest. The space which should have been occupied by the heart on the left side was filled out by the left lung and gave clear resonance on percussion. Further examination revealed, however, extensive condensation and ulceration from tubercular deposits in the upper portion of both lungs. An anodyne and expectorant cough mixture was directed for him, with cod liver oil as a tonic. The chief interest of the case centered in the somewhat rare congenital malposition of the heart.

Translations.

GLEANINGS FROM THE GERMAN.

Collated by Dr. E. J. Dæring.

THE INFLUENCE OF DEW ON THE ORIGIN OF MALARIAL FEVERS.

DR. AYR, of Rome, Italy, sums up his experience regarding the influence which dew exerts in the pathogenesis of malarial fever, and the protective influence of woolen, cotton and linen clothing, as follows:

1st. The theory of an inorganic volatile miasm, which is condensed in the dew and then breathed in with the air, is without scientific proof.

2d. On the other hand it must be accepted that the miasm is organic, and consists of mycrophytes floating in the air.

3d. The dew imbibes the miasm, and thus purifies the atmosphere of noxious poisons. But it is only after dew and fog have separated, fallen and evaporated, that the malarial poison condenses on the soil. This occurs most generally at sunrise and while the wind is blowing, at which time the air inspired becomes dangerous and poisonous.

4th. Dew is only an occasional cause of the origin of malarial fevers, through the rapid hygrothermic change and its influence upon the organism.

5th. To avoid therefore these injurious hygrothermic influences, it is recommended in malarial districts to wear next to the skin linen, and not cotton or woolen shirts, as the former are less hygrometric, allowing the air to permeate, but without aqueous vapor, and without malarial sporules.

THERAPEUTIC USES OF NITRITE OF AMYL.

In a recent number of the "Deutches Arch. f. Klin. Med.," is an interesting article by Dr. Fuckel, on the above subject. He has obtained good results with the nitrite in hemicrania, likewise in cardialgia. In the latter affection the results were especially beneficial. Dr. F. used it in 13 different cases with immediate success. A few seconds after the inhalation the pain disappeared at once, even in the most aggravated cases. In a few patients the pain returned after half an hour or later, but subsided again after a renewed inhalation. The same drug proved further successful in the treatment of neuralgia accompanying menstruation. Dr. F. tried it in 6 cases, in all of which the remedy either caused an immediate cessation of the pain, or a great amelioration.

The dose employed for inhalation consisted of three drops, repeated if necessary.

CARBOLIC ACID AS AN ANTIPHLOGISTIC.

Dr. Hagen reports in the "Aerzt. Intelligens Blatt, No. 32," several cases, viz.: Phlegmonous inflamma-

tion of the hand, croupous pneumonia, pharyngitis and tonsilitis, croup, etc., which he treated successfully by injections of a two per cent. solution of carbolic acid. After the first injections the pain diminished and the temperature was reduced. The locality for the injection corresponded to the seat of the inflammation, e. g., for croup, in the region of the crocoid cartilage, etc. Dr. Kunze likewise reports a few cases of pneumonia, and articular rheumatism treated with good results by means of these injections.

PROF. ESMARCH'S METHOD OF BLOODLESS OPERATION.

Dr. Duus in Kiel has written an essay on the subject of artificial anæmia in surgical operations, giving the results obtained by Prof. Esmarch in the City Hospital in Kiel. Two hundred and twenty-six operations were performed by the Professor during the period from February, 1873, till June, 1874.

Out of the above number only 15 patients died, and but 7 were discharged not improved. Cases of paralysis following the use of the elastic bandage, as reported by Prof. V. Langenbeck, were not observed. Nor did any cases of septicæmia (through possible introduction of septic matter from pressure of the bandages), nor gangrene of the flaps after amputation occur. Secondary hæmorrhage took place a few times, but was so slight as not to require any interference.

In conclusion the author presents the following valuable statistical table, showing the comparative results obtained by different operators.

Table showing mortality after amputations and disarticulations of larger joints as given by different authorities.

OPERATOR.	No. of Cases.	Deaths.	Mortality per cent.
Esmarch	34	4	11.8
Lister	76	20	26.3
Erichsen	80	21	26.3
Volkmann	46	13	28.2

ENEMATA OF BROMIDE OF POTASSIUM IN OBSTINATE VOMITING.

—Dr. Girabetti has obtained the very best results from the administration of enemata of bromide of potassium, in doses of from one-half to two drachms, in cases of obstinate vomiting attending the pregnant state. The same drug, also administered in enemata, has been very successful in the hands of Dr. Laborde, of Paris, in obstinate vomiting, connected with disease of the stomach, liver and intestines.

DEEP INJECTION OF CHLOROFORM FOR THE RELIEF OF TIC DOULOUREUX.

—Dr. Roberts Bartholow communicates to *The Practitioner* (June, 1874), an account of several cases of this painful affection treated successfully by hypodermic injections of chloroform.

The infra-orbital branch of the nerve was the seat of the *tic* in the cases reported, and Dr. B.'s operation consisted in passing the needle under the upper lip in the direction of and near to the infra-orbital foramen, and then injecting from ten to twenty minims of pure chloroform. Considerable pain at first ensues, followed by a feeling of numbness and anæsthesia of the parts into which the chloroform diffuses. A puffy swelling quickly forms at the site of the injection, and an induration which lasts for several days follows. One very severe case operated upon in this manner gained relief from one injection covering a period of months.—*Phil. Med. Times.*

Society Reports.

CHICAGO MEDICAL SOCIETY

MEETING OF SEPTEMBER 21ST, 1874.

Reported by Will. T. Montgomery, M. D.

DR. DANFORTH presented microscopical specimens of two ovarian cysts. The first was from a tumor of long standing, removed about one month ago by Dr. Wm. E. Clark. It was for a time doubtful as to the nature of the tumor. He was requested to examine some of the fluid from it, and found Eichwald's gorged granules and crystals of colesterin. He had never found either of these from any except an ovarian cyst. These granules are believed to be degenerated cells. The granules and crystals of colesterin were both clearly shown in this specimen.

The second specimen was of colloid cells from a tumor removed by Dr. John E. Owens, about six months ago. The tumor in this case was not of so long standing. These cells are found in the early development of ovarian cysts, and the granules in the latter.

Dr. Bridge inquired as to the difference between colloid cells and cancer cells, and if the former were malignant.

Dr. Danforth. The difference is the colloid cells are all of the same type—cancer cells may have any form. He thought if a morbid growth presents cells all of a certain type it is not malignant.

Dr. Steele reported the following case of ovariotomy for Dr. Quine, and presented a specimen of the cyst.

Regina N——, aged 27; unmarried; has menstruated regularly since the 16th year of her age. Five years ago her abdomen began to enlarge, and she noticed also that pain attended the first two days of the menstrual flow. In August, 1872, after severe muscular exercise, she was seized with pain in the right lumbar region, that continued several months, and was accompanied by fever, progressive emaciation, and rapid increase in the size of the abdomen. So burdensome did the enlargement become, that she was incapacitated for work, and was obliged in May, 1873, to seek relief in the county hospital. She was extremely emaciated then, her skin was sallow, and her features were expressive of anxiety and suffering. From May, 1873, to August, of this year, she was tapped six times, the aggregate amount of fluid evacuated being one hundred and sixty pounds. The fluid was of a dark greenish color at first, very viscid and thick, and contained a copious admixture of pus; but its character improved with each succeeding paracentesis, and the accumulation became more rapid. In two instances the operation was followed by peritonitis. From the first tonics were

employed, and hygienic measures instituted, with a view to improving nutrition; but ovariotomy was then considered impracticable, because of the supposed existence of pulmonary tubercle. The condition of the patient steadily improved, and a pleurisy and pericarditis under which she had been laboring got well. A month after the last tapping, the abdomen having again become moderately distended, it was decided, by a consultation between the attending physician and Drs. Byford and Fitch, that operation was practicable. On the 12th of August, Dr. Quine, assisted by Drs. Fitch and Bogue, and the house staff of the hospital, performed the operation, making an incision four and a half inches long in the mesial line and carrying it rapidly through the walls of the abdomen. The trifling hæmorrhage from the wound was readily checked. When the peritoneum was cut and the finger of the operator passed through, he failed to discover any adhesions in the circle of its reach. Thirty pounds of fluid were then evacuated by a large trocar, and as the sac was being withdrawn, adhesions to the omentum and right parieties were revealed. Momentary embarrassment was occasioned by a little aggregation of cysts that resembled a kidney in size, shape and color. The omental adhesions, though not very extensive were exceedingly vascular, and the parietal adhesions were also vascular and very firm. Some parts of the adhering omentum were tied and cut off, and other parts were gently separated from the cyst walls and left.

Some delay was occasioned by persistent bleeding from the parietal adhesions, but sufficient time was allowed to check all oozing. The pedicle was ligated by transfixion and double ligature, and cut short. The abdominal cavity was carefully sponged with tepid salt water, and the wound closed with six silver wire sutures. A compress and bandage completed the dressing. After reaction was fairly established, not a single unfavorable symptom appeared, the wound healing perfectly in six days, and the patient being able to sit up in nine after the operation.

Dr. Gapen reported the following case also for Dr. Quine, and exhibited tumor.

The Doctor saw the patient, a woman, 25 years of age, in a consultation which was necessitated by malposition of the child in parturition. The labor terminated favorably. Subsequently, owing to the removal of the previous attendant from the city, Dr. Quine was recalled. He then learned that the lady had been suffering for seven years from bronchitis and gastro-enteritis, and was reduced to a state of extreme emaciation by these affections. At the first visit the irritability of the stomach was so great that the blandest articles of food were retained with difficulty, and only in very small quantities. Vast quantities of gas were being incessantly eructated and passed from the bowels. The patient was also suffering from harassing cough, with profuse expectoration, and a very distressing tenesmic diarrhœa.

She improved in condition slowly and unsteadily for several months, and finally, at a time when her health had become better than it had been for years, passed temporarily from the doctor's care. In November of 1873,

she returned, in consequence of an exceedingly sensitive tumor that occupied the pelvic cavity, and protruded from the vagina when she assumed a standing posture. She was then seven months pregnant, and complained of a return of the old bronchial and gastro-enteric disorder. A cautious digital examination in his office yielding negative results, the Doctor sent the lady home, promising to call the following evening. He did so, finding her well advanced in labor, the shoulder of the child presenting. The presentation was made out with great difficulty, owing to the occupation of the pelvis by a sensitive, fluctuating tumor, and consequent displacement of the uterus, the os pointing to the umbilicus, and being very high. Chloroform was administered, and the child easily delivered, by pedalic version. As the child was being withdrawn, the tumor, which had been no impediment to labor, ascended into the abdominal cavity. The patient made a very tardy recovery, owing to the occurrence of pelvic cellulitis; and before she was able to leave the bed, a diagnosis of ovarian tumor was made. During the succeeding seven months the lady was tapped three times. The second and third tapping yielding respectively less fluid and correspondingly less relief than the preceding. At the third tapping, performed in consultation with Dr. T. D. Fitch, only about a quart of fluid was withdrawn. The abdomen of the patient had reached an enormous size, and the gastro-enteric disorder coupled with constant pelvic distress, contributed to make life miserable, and threateningly short. Ovariotomy was decided upon by Drs. Bartlett, Bogue, Fitch, and Quine, as the only means that offered the slightest prospect of relief or long continuance of life. Accordingly, and notwithstanding the extreme feebleness and emaciation of the patient, and the existence of grave gastro-enteric disease, the operation was performed by Dr. Quine, assisted by Drs. Bogue, T. D. Fitch, Stillians, and myself. The operation was tedious and very difficult. The abdominal incision extended from an inch and a half above the umbilicus to within an inch of the pubes. The tumor was firmly adherent to all parts of the abdominal walls, and an attempt to pass the grooved director between the cyst and the peritoneum resulted in the rupture of the thin and lacerable walls of the tumor, and the escape of its fluid contents. The omental adhesions were extensive, but there was no adhesion to any other abdominal, nor to any pelvic viscus. The great mass of the tumor consisted of colloid matter, which in order to remove through the wound in the abdomen, it was necessary to break down into handfuls. The mass being removed, the pedicle, which was short and only moderately thick, tied by transfixion and double ligature, the abdominal cavity was cleansed with sponges and salt-water, of its colloid and cystic contents, the abdominal wound was closed by six equidistant silver wire sutures. The patient was then put to bed between woolen blankets, a number of hot bricks were applied, and alcoholic stimulants, to promote reaction. The wound was dressed with compress and bandage. Beef tea and brandy were cautiously given per rectum, care being taken to avoid provoking movement of the bowels, by injecting

slowly and in small quantities. The catheter was used regularly, at intervals of six hours. After reaction was well established the patient commenced to vomit, and vomited almost incessantly for three or four days. Morphine was given hypodermically, in quantities sufficient to allay pain and procure rest, and quinine was administered in the same way to the amount of about fifteen grains daily. Bismuth in twenty-grain doses and ice allayed the irritability of the stomach sufficiently to enable the patient to take considerable quantities of milk. The convalescence of the patient has been much retarded by the old inflammatory disorders, and by an accumulation of putrescent fluid in the peritoneal cavity, which was limited by pelvic and abdominal adhesions. The pressure of this fluid in the pelvic cavity gave rise to a general cellulitis, and the sufferings of the patient were further increased by the occurrence of cystitis. Ten or twelve days after the operation Dr. Bogue, in consultation with Drs. Fitch and Quine, drew off, through the cul de sac of Douglass, by means of the aspirator, nearly three pints of a grumous fetid fluid, affording prompt and great relief to the pelvic distress. There has been no considerable accumulation of fluid, a spontaneous opening into the intestine affording ready drainage of the cavity. The treatment of the case has, in consequence of the complications, been widely different from the plan ordinarily followed, and combined measures directed to the cure of the old intestinal disorder and the acute inflammation of the bladder. But, notwithstanding these serious complications and alarming drawbacks to convalescence, the patient has been improving steadily but slowly, so that at the present, perfect recovery may be confidently predicted. I am requested by Dr. Quine to gratefully acknowledge his indebtedness to Drs. Bogue and Fitch for frequent and valuable counsels.

Dr. Hutchinson gave a verbal report of two interesting cases of ovariotomy which he had had. He thought his cases were more successful than the others reported; for besides recovering without a bad symptom, each patient became pregnant after the operation.

Dr. S. J. Avery reported a case of Sciatica, of several years' standing, cured in three weeks, by replacing a prolapsed uterus. A full report of which appears elsewhere in the present number of the EXAMINER.

The discussion of this case was on motion postponed until next meeting.

PROF. SCHIFF, ON THE DIFFERENCE IN THE ANÆSTHESIA PRODUCED BY CHLOROFORM AND ETHER.—As a result of several thousand experiments on animals, the author has come to the conclusion that ether *gradually* suspends the processes of respiration and circulation, so that it is in the power of the operator to save the animal at any given moment, while the suspension produced by chloroform is not gradual but irregular, the circulation often ceasing while respiration still exists. The author would, therefore decide *that the physician is responsible for any death by ether, but not for a fatal issue produced by chloroform.*

The Florence Academy has deemed this communication of sufficient interest to elect a committee to investigate these statements, and to test some of the means proposed by Dr. Schiff to avoid the dangers of anæsthesia.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, SEPTEMBER 28, 1874.

Reported by Ralph E. Starkweather, M.D.

DR. J. E. OWENS, Vice-President, in the chair. Dr. Owens gave briefly a report of two cases of fracture treated at St. Luke's Hospital, in one of which, that of a colored man thirty-eight years of age, a piece of bone the size of a filbert had been broken off from the left fibula, about two inches above the external malleolus. The case progressed favorably under the usual treatment (by Dupuytren's Splint), the fragment of bone speedily united and became incorporated with the long bone itself. The second case, a fracture of the humerus, just above the condyles, was of interest from the fact that it was caused by the throwing of a base ball.

Dr. H. A. Johnson addressed the society upon the subject of pneumatic aspiration, illustrating the same by exhibiting and explaining the several forms of instruments now employed, exposing at the same time defects, both in theory and construction, of some of the aspirators. The following is a synopsis of his lecture:

In the first place the question arises as to what is understood by the term aspiration. Is it anything new either in principle or mechanism, or is it merely after the fashion of the stomach pump? Some physicians deny that there is any new principle involved in pneumatic aspiration. In my judgment, Dieulafoy has introduced a new idea and instrument. It consists in this: the previous production of a vacuum, and then the connection of it with a cavity containing fluid. The second question that presents itself, is that of the methods of producing this vacuum. The aspirator of Dieulafoy was then explained. It consists of a glass cylinder, in which there is a piston, moved by means of a rack and pinion. The aspirator is inclosed in a metal frame, having a broad and heavy base. There is attached a graduated scale to measure fluids, and also two stop-cocks. The canules and needles and rubber tubing were also exhibited.

Dr. Johnson showed another form of aspirator, known as the *Aspirateur Potain*, to which, for reasons hereafter to be given, he gave the preference. In referring to an instrument made in Boston, a modification of Potain's, he said that it would be unnecessary to purchase the bottle accompanying it, as the perforated rubber cork, with its double canula, would answer every purpose, and bottles were always easily to be found in most families.

The next step is to place the vacuum in relation with the cavity to be emptied. As regards the choice of a needle and canula, there are two kinds of needles to use, each suited to its particular purposes. One of the needles is like the ordinary one used in hypodermic injections, but this is objectionable in cases where the sharp penetrating point going beyond the wall of the cavity, might injure

delicate viscera, as for example the lung.

In many respects the needles and canules, which differ from the needles first described, of the Aspirateur Potain, are greatly to be preferred. This, the second variety, is really a trocar with a canula, with a branch tube for the attachment of the soft rubber connection. In case of obstruction the canula can be cleared with a celerity and ease quite impossible in the first variety of needle.

The method of puncture was next explained, and that it was necessary first to determine where you want to put the point, and then how deeply the puncture should be made.

In some cases there are gases as well as fluids in a cavity, and by this means the vacuum in some forms of aspirators may be disturbed if not destroyed.

The application of pneumatic aspiration has been widely discussed, of late years, in the medical journals. During the past two years, in which Dr. Johnson has employed this process, and in upwards of seventy different cases, he has never seen, in a single instance, any particular discomfort to the patient, from its use. Among the numerous cases reported, the particulars of a case of an obscure and deep-seated pain in the mammary region, which, upon exploratory puncture an inch and one-quarter deep, by the aspirator, proved to be an abscess, were most instructive. In another case, that of acute infantile hydrocephalus, he had introduced the needle of the aspirator into the anterior fontanelle, to the right of and towards the median line, the point directed obliquely, so as to penetrate the membranes beneath the vessels of the longitudinal sinus. A little fluid was drawn off, with temporary relief to the breathing and circulation. There were no unfavorable symptoms attributable to the operation. The patient, however, subsequently died. In another case, where there was acute effusion in the knee joint, pneumatic aspiration afforded prompt and decided relief; but in forty-eight hours the effusion had returned.

The great assistance to be derived from pneumatic aspiration in differential diagnosis was illustrated by the case of a patient who had been under the care of a homœopathist for so-called uterine trouble, with reflex uterine irritation. Upon examination, it was found that the apex of the heart was under the axilla, and that the right chest measured two inches larger than the left. The question then arose as to whether there was a solid morbid growth in the thorax, or fluid only. Upon introducing the canule of the aspirator into the chest, upwards of two and one-half quarts of muddy serum, not yet quite purulent, was drawn off. The patient for the past year, since that event, has been in perfect health.

The subject of injury to the lungs by aspiration by a penetrating wound of the needle, was then discussed.

Several cases of great interest and value were cited, going to show that the danger to the lung in any event would be little or none. A noticeable feature in pneumatic aspiration, is that by this operation there is little probability of introducing from without inwards any points for future infection of the system. Preference was given to the Aspirateur Potain over that of Dieulafoy, because the

vacuum was less uncertain, and is more easy to be maintained. It was not considered to be a point of advantage in Dieulafoy's aspirator, that it might be used for the injection into cavities of medicated fluids, inasmuch as it would be like using an unwashed syringe lately containing unhealthful fluids (pus, for example), to throw new and medicated fluids into the body.

Dr. Owens reported a case under the care of Dr. Heydock, in which pneumatic aspiration had been tried upon an effusion in the pericardial sac of a patient who had pericarditis and endocarditis.

At the time of the operation, the pulse was 126, temperature 101$\frac{3}{4}$° F. and respiration 66. The precordial dullness extended from the first rib to the upper margin of the sixth; apex impulse indistinctly felt in the fifth intercostal space. Laterally the percussion dullness began at about the middle line of the sternum, and extended around to the left side. The needle of the aspirator was inserted in the fourth intercostal space, one inch and a half from the left margin of the sternum. It was pushed upwards, inwards, and a little backwards. Frothy, dark-colored blood appeared in the receiving bottle, probably because the lung had been pierced. Three-quarters of an hour after this operation, the pulse was 120 and the respiration 45. Dieulafoy remarks of *adults* that when the needle has punctured from 1.17 to 2.34 inches, the instrument must meet either the heart or the effusion. The head and shoulders should be elevated with pillows during the operation, and the needle plunged in at the close of an expiration. This patient, a boy fifteen and a half years old, afterwards died. The autopsy revealed perfect agglutination of the pericardial layers.

Dr. Johnson gave an account of a similar operation he had performed upon a patient at the county hospital, and of experiments he had made upon the cadaver. The puncture should be two and a half inches from the left border of the sternum; if you go nearer to the sternum you must have a longer needle; there were some reasons which inclined him to think favorably of puncturing in the fifth intercostal space, but as his experiments had not yet been concluded, he reserved his opinion upon this point.

Dr. Emmons read a report of a case of uterine interstitial fibroid tumor, treated hypodermically by ergotine, of which the following is an abstract:

Mrs. X, married, age 45, American, the mother of three children, the youngest of whom is eleven years of age, was in good health till the time of her last parturition, which proved to be a difficult one, followed by hour-glass contractions, and permanent impairment of health. Two years ago a noticeable change had gradually taken place: menstruation had become copious, and more prolonged than usual, requiring patient to keep the bed for ten days at a time. She was emaciated, had sciatica and chronic laryngitis. At the time of Dr. Emmons' first visit, December, 1873, in addition to above symptoms, the patient had become so exsanguinous as almost to be in a state of syncope, from constant flooding; there was pain in the uterus and chest; loss of appetite and sleep. There was abdominal tenderness, particularly over the region of the right ovary. The uterus was enlarged, extending up to

within two inches of the umbilicus, and a little higher upon the right than left side.

Digital examination, per vaginam, revealed anteversion, the os low down against rectum, and dilated to about one-half inch. A metallic sound could be introduced (with strong curve towards anterior wall of abdomen) to a depth of six and one-half inches; a flexible catheter passed one-half inch farther. There was a hard tumor commencing at middle of the neck of the uterus, attached to its anterior wall, and extending to the fundus uteri.

Treatment: directed a tonic of iron and quinine, and

℞.—Ergotine (Bonjeau) ..... ʒ j.
Aqua distil ..... f. ℥ j.
Glycerini ..... f. ʒ j.
M. Twelve drops, daily, hypodermically.

Improvement was immediate, as shown by the subsidence of pain and hæmorrhage. At the end of fifty-nine days the patient was much better, pulse fuller, appetite better, sleeps well and without anodynes, and able to sit up two hours daily; less abdominal tenderness, but no diminution in size of tumor. The dose of ergotine was increased so as get about four minims per dose, and continued for three weeks, without any particular change in patient's condition.

The use of Squibb's aqueous solution of ergot, prepared for me so as to get one grain of the drug to the minim, giving twenty minims daily, by hypodermic injection over the deltoid, was most satisfactory.

Examination twelve days after this change of medicine, revealed the tumor subsided to four and one-half inches below umbilicus. The cavity of uterus measured about five and one-half inches in depth. Patient able to ride out daily; has gained eighteen pounds during the past fortnight; is entirely free from pain; last menstruation normal in quantity, and lasted four days. At another examination in June the fibroid had still farther diminished in size, the uterine cavity measured four inches in depth. Patient complained at this time of a pretty free watery discharge from the vagina. A month later, during which time the treatment had been continued, the uterine cavity was found to measure three and one-half inches in depth, watery discharge still present. The treatment was suspended for ten days and then resumed. In August the uterus had regained its normal size, and no tumor remained. The continued daily hypodermic injection, during the period of 156 days, of the twenty minims of a preparation containing Squibb's aqueous solution of ergot, had the effect of gradually reducing the fibroid, till hardly a trace of it could be found. There was no particular inconvenience or irritation produced at the points of puncture, especially after laying aside the use of the alcoholic preparation of ergotine.

Dr. Emmons gave some quotations regarding the action of ergot, from the results of an experimental investigation by Dr. Warnich, and from recent works of other authorities, such as Drs. Paul Vogt, Ritchie, Handelin, and C. Boldt.

In true interstitial fibroid of the uterus, treated hypodermically with the aqueous solution of ergot, we may expect in the large majority of cases eminently more satisfactory results than by any other mode of treatment, or by operation.

Dr. Davis.—Why was the medicine not administered by the stomach?

Dr. Emmons replied, because the effect was more satisfactory when given hypodermically; it enters more rapidly into the circulation, and does not disturb the appetite or digestion. He knew of a physician who had given the ordinary tincture of ergot by injection, and thereby quickly produced numerous abscesses.

Dr. Merriman said that in a couple of cases under his care there have a quantity of abscesses followed upon the hypodermic use of a solution of ergotine. Afterwards he gave Squibb's extract of ergot, in solution, by the mouth, but it was not so efficient as when given by injection. He had always made the insertion directly over the region of the uterus. Even in treating cases not of the interstitial form of fibroids, when giving ergot by the mouth, great benefit has been apparent; the debility is lessened, the menstruation has become more regular in amount and time, the patient feels better, even when there has been no diminution in the size of uterine growth.

The society next discussed the report of the committee on the medical fee bill, but, owing to the lateness of the hour, adjourned, leaving the question of its adoption to a future meeting.

Editorial Department.

MEDICAL SOCIETIES AND REPRESENTATION.

THAT the organization of medical societies by which members of the profession are brought frequently in contact with each other for mutual improvement, has proved of very great value in promoting investigations, diffusing professional knowlege, and facilitating intercourse with, and respect for each other, no thoughtful man can doubt.

That such social organizations are capable of being made very much more useful in all these respects than they have hitherto been, is equally evident to all who have given the subject their attention. One important step in the work of increasing their usefulness, is to make them more truly representative of the whole profession and more ready of communication with each other. If the members of the profession in each city, county, or district would form themselves into a society for careful investigation of all matters of interest in their localities; if the basis of each state society was formed by delegates from the local societies, and the national organization by delegates from the state societies and such local ones as were in connection with them, the whole would not only form a complete bond of union, infusing more or less of the spirit and

knowledge of each part throughout the whole, but also forming a medium of communication by which well matured plans of observation and investigation can be made uniform over large areas, and continuous over periods of time sufficient to obtain more complete and accurate results than are possible from isolated or individual enterprise.

It was to aid in thus perfecting the organization and usefulness of medical societies throughout the whole country, that certain amendments to the constitution of the American Medical Association were adopted last year at Detroit. These amendments restricted the appointment of delegates to that body, to the State and National Medical Societies, and such local and district societies as were recognized by representation in their respective state societies. The object was not merely to cut off the practice of receiving delegates from irregular and merely nominal medical institutions and societies, but to positively encourage the closer affiliation of the local societies in each state with their own state society. We hope the amendments themselves and the real objects of their adoption will be fully understood and appreciated by the profession in time to make their appointments to the next meeting of the National Association.

DR. ALLPORT'S ADDRESS.—The annual address before the American Association of Dental Surgeons, at the recent meeting in Boston, was delivered by Dr. W. W. Allport of this city.

The address, aside from being well written and interesting throughout, presented a leading idea which is worthy of a careful consideration. It is, that dentistry as now practiced, embraces two distinct departments: first a scientific part, relating to the pathology and treatment of the natural teeth and their appendages; the second a mechanical part, relating to the manufacture and adjustment of artificial appliances. The first is as much a department of medicine proper as ophthalmology, otology, gynecology, etc., and should be so recognized and taught in the regular medical colleges; while the second should have the same relation to it, that the surgical instrument maker does to the practical surgeon. If the distinction thus clearly indicated in the address, could be generally adopted in practice, and dentology proper reunited with the general field of medicine and surgery, and those who practice it be recognized as specialists in the same sense as other medical specialists, it would doubtless elevate the position and enhance the usefulness of that department of practice.

It would not merely save the expense of separate colleges of dentistry, but the recognition of dental pathology and therapeutics as a part of medical science; and the establishment of a chair for teaching these branches in the regular medical colleges, would result in giving the dentologist something of a general medical education on the one hand, and the general practitioner a better knowledge of dental science on the other. The usefulness of both parties would be thereby increased.

Gleanings from Our Exchanges.

STRICTURE OF THE URETHRA BY THE ELECTRICAL TREATMENT.

By A. J. STEELE, M.D.

From the Western Lancet, Sept., 1874.

THE attention of the profession has been of late especially called, and very justly, to a comparatively new method of treating strictures of the urethra, namely, by the use of galvanism. The ease of the application, the slight inconvenience to the patient, and the rapidity and permanence of the cure, make it really deserving of a prominent place among the surgical advances of the day. As my own experience corroborates the favorable reports that have been made in regard to it, I cheerfully add testimony in its favor.

The form of electricity used is that of the continuous current, and tension is sought rather than quantity, so that many small cups are demanded rather than a few large ones. I have usually found that from ten to fourteen pairs of the zinc-carbon elements have generated sufficient electricity for the purpose. The negative electrode is a metallic point pressed gently against the stricture; the positive electrode a moist sponge placed anywhere upon the surface of the body, though I have believed the action to be more energetic when it has been placed near the negative pole, as to the iliac region or thigh, rather than remotely, as to the leg or palm of the hand.

A metallic oval tip, connected to a wire passing through a gum catheter, is the form of bougie recommended, and which I have used; but I now prefer the ordinary conical steel bougie. A set, including all sizes, makes the convenience of application greater, and being silver or nickel-plated prevents oxidation. The instrument is insulated to within an inch of the point by the application of a coating of collodion; Squibbs' flexible I find well adapted for the purpose.* A *sene-fine* affords an eligible method of connecting the wire to the handle—not coated—of the bougie.

Two factors enter into the thoroughness and rapidity with which a cure can be effected, viz., the electromotive force used, and the character of the structure to be acted upon. The softer, the more moist and vascular the stricture, the more readily will it be decomposed and absorbed; whereas extremely hard tissue will demand increased time and greater tension, and possibly, also, increased quantity. Though in regard to the latter I am prepared to believe that mistakes have been made, and failures recorded, from its injudicious use. Quantity gives a calorific effect, with rapid destruction of tissue, as in the case of the galvanic cautery; the scar resulting therefrom would be highly prejudicial in the instance of a stricture. It is rather the electrolytic action that is desirable, whereby the organic structure is disintegrated,—decomposed. The negative pole attracts hydrogen, and gives an alkaline reaction when acting upon moist animal tissues, chemically decomposing,—dissolving the part, and doubtless, too, by its stimulant action inducing absorption.

* Ether will dissolve it off when desired.

The situation and character of the stricture having been accurately determined, a bougie, prepared as above, and of a few sizes greater in calibre than the stricture, is introduced down to the obstruction, and connected by its free end to the negative wire. The sponge, moistened with salt water, placed externally on the skin—the thigh or iliac region being convenient—is attached to the positive wire. It is best to commence with a single pair, and gradually increase the number of cups, as thereby the parts are more tolerant; a low power gradually benumbing, a high power unpleasantly shocking. If the sponge is shifted without being removed from the surface, the pricking or burning sensation ordinarily experienced will be lessened. The sensations of the patient will, to some extent, determine how high a power may be used; from ten to fourteen pairs, as before remarked, may be all-sufficient, if the battery is working well. The character of the stricture, also, necessarily enters into this question. A few moments' gentle pressure and the instrument is found to pass gradually on. Once well entered, the bougie is retained *in situ*, the action being continued for a few moments longer. The current may now be gradually diminished, and the wire disconnected, the instrument retained, and, if gentle force will accomplish it, pushed on into the bladder. If not interdicted by local inflammation, the operation may be repeated in a week or fortnight's time, followed up by the careful and judicious use of bougies. In some cases one application is sufficient; in others several seances are required, depending on the character of the stricture.

Results have been most satisfactory. Strictures, accompanied with incontinence of urine, gleety discharge, irritability of bladder, painful micturition, etc., being entirely removed and rapidly cured.

Danger in this operation is reduced to a shadow, if too great quantity and too prolonged application are avoided. Care, also, in the after use of bougies is to be regarded.

While there is much of merit in the old ways, let us not be too chary in trying the new.

ACNE ROSACEA.—Dr. W. B. Cheadle (*Practitioner*, July) takes Hebra's view of the pathology of this affection, in opposition to that of Wilson and Tilbury Fox. He does not regard it as an acne, the sebaceous glands being neither primarily affected nor in many instances involved at all. The essential morbid change does not consist in any inflammatory process, but in a new formation of vascular and connective tissues, the changes in the sebaceous glands being secondary or accidental. The conditions associated with its production are usually excessive indulgence in alcoholic drinks, gastric disorder, uterine derangements, and prolonged or frequent exposure of the face to heat or cold.

The manner in which these causes produce the particular effects observed is, Dr. C. thinks, by long continued hyperæmia brought about by reflex action upon the local vascular system. An example of transient reflex action is seen in flushing of the face after a hearty meal or alcoholic indulgence; and it is this same effect persistently exercised which brings about morbid changes. Of course, as there is no true local inflammation, local remedies are generally useless. Stimulating applications—lotions of the perchloride of mercury, of sulphur, or of both, and applications of the acid nitrate of mercury—are the only local remedies which Dr. C. has found advantageous. Internal remedies which relieve the distention of vessels, saline purgatives for instance, are of use. Arguing from the pathology of the eruption, Dr. C. was led to apply faradization in several cases, and with the most encouraging results.

BLOOD-DRINKERS.—Upon inquiry at slaughter-houses, it is found that there are nearly two hundred persons in the city of New York who are in the habit of drinking blood flowing warmly from oxen, for strengthening purposes and for the cure of certain diseases. A lady is reported to have spoken to an inquirer as follows: "Professor Velpeau, of Paris, prescribed blood for me. I was consumptive and hastening to the grave. It has prolonged my life fifteen years. I had the utmost repugnance for it at first, but now a half-pint of hot blood from a well-conditioned ox is the greatest luxury of my life. My sister's baby so far has been preserved and nourished with little else but blood. I know twenty persons who drink it in my own neighborhood, to whom I have recommended it. It has extraordinary effects on some people, especially women, but should not be resorted to unless there is absolute weakness of the system." On a visit of the inquirer to a slaughter-house in Tenth Avenue, near Forty-second Street, he found a delicate-looking woman with a sickly boy holding a glass to the blood which ran from an ox with his throat cut. Both drank two or three glasses in turn, and departed with an appearance of added vigor. One of the butchers was asked whether he ever drank blood, and is stated to have replied to the following effect: "Sure an' I do, now; why not, now? Faith an' ye could n't tell the difference between it an' milk. It's just as swate, shure, and in the winter it's warm and foine. Bedad but it's stringthenin', sure. Hould on an' I'll get ye a drap. It's best warrum—runnin' right from the baste." The proprietor said: "All last winter we had men, women, and children every morning to drink blood. They always imbibe beast's blood; never the blood of sheep. Some of them wince a bit at first, but, when you close your eyes, blood warm from the beast's neck has just the same taste as warm milk from the cow. We do n't charge for the blood excepting when we sell it to sugar refiners." The blood of beeves is asserted to be more efficacious for weak lungs than cod-liver oil.—*Phil. Med. Times.*

INFLUENCE OF CHLOROFORM, IN LABOR, UPON THE FŒTUS. — Dr. Zweifel, of the Obstetric Clinics in Strasbourg, has recently made some investigations that would seem to imply that the anæsthetic administered to women in labor has more effect upon the fœtus in utero than is perhaps generally admitted. Dubois has made the statement that anæsthesia of the mother causes rapidity of the fœtal heart-beats. The writer has often observed an appearance of icterus upon newly born children after the use of chloroform, but could not with certainty attribute it to the latter. His attention was first seriously arrested by perceiving in the breath of an infant born a few hours before, a distinct odor of chloroform. The child had been extracted while the mother was under the influence of the anæsthetic, but since the delivery had lain in a room by itself, where no chloroform had been used. Shortly after this, in order to determine positively whether the anæsthetic was conveyed to the fœtus through the maternal circulation, he instituted the following test: a fresh placenta that had just been expelled by a woman to whom chloroform had been administered for only about fifteen minutes, and more than an hour previously, was placed in a close-fitting vessel, having first been cleansed of all adhering clots. The following day when the vessel was opened a decided odor of chloroform was perceived, and further examination proved conclusively the presence of the drug. By still another test (examination of the child's urine) the writer was able to establish the fact of the influence of the anæsthetic upon the fœtus. In conclusion, the writer observes that, since the use of narcotics in general are contraindicated in infants, it is an important question for obstetricians to decide to just what degree anæsthesia may be carried in women in labor, with impunity to the fœtus. —*Berl. Klin. Woch.*, 21, 1874.

INFLUENCE OF ALCOHOL AND TOBACCO ON THE HEART.—Nowhere can thoracic sounds be better studied than at a large recruiting depot. . . . . It is indeed curious as well as interesting to note the vagaries in cardiac sounds alone. These, although in no way so varied as the causes to which they owe their existence, are sufficiently conflicting. Thus, frequently, between exciting and depressing influences of one kind or another, it is very difficult to say how far abnormalities are ascribable to temporary and to organic derangements. Under such circumstances, cases often occur apart altogether from the morbid sounds when the heart's rhythm is perverted. I can give no better definition than a muffling of the two sounds, or what might ordinarily be called "a variety of irritable heart," occurring, however, occasionally in subjects not naturally of an excitable temperment. From these persons it was very often readily elicited that they were given to an excessive use of tobacco, either by smoking or chewing, or the two combined, accompanied, in many instances, by drunken habits. The amount of tobacco consumed daily was, ordinarily, half an ounce, and often nearly a whole ounce. From constantly observing cases of this description, and invariably associating them with the above causes, I desired several recruits to abstain entirely from tobacco and alcoholic drinks for a week, and return for inspection. In three or four instances out of ten all the symptoms disappeared; whilst in the cases where there was little or no improvement it was more than probable that the injunctions were not carried out properly. I do not know if this want of clearness in the systolic and diastolic sounds is to be detected in every instance of the excessive use of tobacco or of alcoholic drinks; but judging of the prevalence of the state in question among Londoners (chiefly in-door workmen and persons leading sedentary lives), it would seem to be pretty general.—A. Lieth Adams, M. B., F. R. S., Surgeon Major, London Recruiting District, in *The Lancet.*

EPILEPSY PRODUCED ARTIFICIALLY IN THE DOG BY SULPHATE OF QUININE.—Dr. J. Jakoubowich, of St. Petersburg *Meditzinsky Wiestnik*, 1873, Nos. 1, 2, 3, 4 and 5 (abstract in *Rev. des Sci. Medicales* by Magnan):

The injection of five to fifteen grains of sulphate of quinine in the stomach of young dogs, aged one month and a half to four months, provoked, in from forty-five to ninety minutes, apoplectic seizures. They occurred a little earlier, in from thirty to forty-five minutes, when the quinine was introduced under the skin. The attacks were variable in number, but generally in proportion to the dose. In the attack, the animal falls to the ground on its side; the pupils dilate; the mouth is fixed in trismus or remains wide open; the tongue moves to either side; the eyes turn upward; the muscles of the feet and trunk contract; the respiration is arrested. After some seconds, the clonic convulsions begin; the face becomes grimacing; the mouth opens and shuts convulsively, with gnashing of the teeth; a slimy foam shows itself on the lips; the eyelids tremble; sensibility is abolished, and the fæces escape involuntarily. After the attack follow somnolence, snoring, and often delirium; in this case the physiognomy becomes gay; the animal shows its teeth, barks, howls, wags its tail, and moves its feet, as in running. The convulsions are short, not exceeding one minute in duration.

With the epileptic attacks quinine causes vomiting, gastrorrhœa, disgust of food, feebleness of the hind limbs, and some isolated convulsions of the neck. These last accidents have been observed already for a long time, both chemically and experimentally, by many authors, who have also noticed among animals some convulsive crises, but have not expressed an opinion as to their nature. From the description given by M. Jakoubowich, these crises present the characters of epilepsy, and offer an analogy with the attacks produced by absinthe.

ELIMINATION OF ALCOHOL. — In *The Practitioner* for July, Dr. Anstie gives the results of final experiments made by himself and Dr. Dupre, with the view of ascertaining as nearly as practicable whether alcohol to any appreciable extent escapes unchanged from the body of an animal which has ingested it. The animals chosen for experiment were dogs, which approach most nearly to man in their capacity for resisting the effects of alcohol. The experiments were performed by the aid of a Pettenkofer's chamber, in which the animal was confined, while a current of air passing through the box was condensed in water. By this means *all* its excretions could be obtained and analyzed.

The result of a series of these most carefully conducted experiments, including one where the entire animal was subjected to a sort of "destructive distillation," proves conclusively that within certain limits alcohol ingested by an animal becomes totally metamorphosed within the system, the percentage eliminated as such being almost inappreciable. Dr. Anstie concludes that quite six hundred grains of absolute alcohol can be disposed of daily within the organism of an adult male without any perceptible injurious effect upon the bodily functions.

If alcohol be a force-producing food, it is probably of great value in that capacity, on account of the rapidity with which its transformations take place.

It is certain, however, that beyond a certain dosage, varying for the individual, it becomes a violent narcotic poison, the more dangerous that it cannot be eliminated to any considerable extent.

If alcohol does not disappear by oxidation, it must undergo some as yet quite unknown transformation, after which it must escape unrecognized in the excretions.

If alcohol, however, be indeed oxidized, and yet does not beget force which can be used in the system, this would be the strangest possible discovery. Considering the very high theoretical force-value of the six hundred to eight hundred grains of absolute alcohol which millions of sober persons are taking every day, we may well be hopeless of any reasonable answer to the question, Why does not this large development of wholly useless force within the body produce some violent symptoms of disturbance?

DIFFERENTIATION OF INTESTINAL INVAGINATION.—Dr. O. Leichtenstein, in an article on invagination (*Archiv f. Prakt. Heilk.*, 4, 1873) refers to the following points for the differentiation of invagination of the small from that of the large intestine: 1. Invagination of the small intestine but rarely occurs during the first year of life, as also rarely during childhood in general. 2. In adults, the course of the attack in invagination of the ileum is more rapid, the phenomena more severe, than in ileo-cæcal and colon invaginations. Chronic cases are rare in invaginations of the small intestine, more frequent in those of the ileo-cæcum and colon. Severe symptoms of collapse occur more frequently in the beginning of the disease. 3. Muco-sanguinolent discharges are the rule in all invaginations, whatever their seat. Fæcal evacuations, entirely normal in character (after preceding diarrhœa), were observed in ileo-cæcal invaginations, once in a colon invagination, the patient being an adult. 4. Meteorism is a very variable symptom. It is usually absent in ileo-cæcal invaginations. In invaginations of the descending colon it was frequently recognized as affecting the transverse colon, and subsequently spread over the whole abdomen. In invagination of the ileum it was occasionally found to be confined principally to the central abdominal region, with exemption of the lateral portions and epigastrium. 5. Tensemus is rare in invagination of the ileum, frequent in that of the colon and ileo-cæcum. 6. The tumor is usually absent in ileum invaginations. Its seat in the centre of the hypogas-

trium speaks for this variety; when situated in the cæcal region, especially when it remains stationary for some time, it indicates ileum or ileo-cæcal invagination. The spread of the tumor, when occurring suddenly and corresponding to the course of the colon, speaks more for ileo-cæcal, less for colon invagination, and excludes ileum invagination. The seat of the tumor in the left lateral portions of the abdomen would indicate ileo-cæcal or colon invagination. The tumor can never be felt in the rectum, and prolapse through the latter never occurs in uncomplicated ileum invagination. Changes in the consistency, occurrence, and disappearance of the tumor were especially observed in ileo-cæcal invagination.—*New York Medical Journal*, Sept. 1874.

AN UNNATURAL POSITION OF THE HEAD A CAUSE OF DEATH FROM ANÆSTHETICS.—An interesting paper by Dr. G. W. Copeland appeared some time ago (Feb. 26, 1874) in the *Boston Medical and Surgical Journal* on the "*Styloid Muscles and Anæsthetics.*" In this article the cause of impeded breathing during anæsthesia was attributed to the action of the styloid muscles closing the glottis. It was also there shown that the difficulty could always be relieved by simply tilting the head forward so as to relax these muscles without making traction on the tonge. In a further contribution by the same writer to the *Philadelphia Medical Times* of May 30, it is claimed that death from chloroform and other anæsthetics is often caused by an unnatural position of the head, the latter being thrown back and the styloid muscles put upon the stretch. Circumstances in a number of recorded cases of death from anæsthetics are cited which favor this opinion. It is asserted "that all the deaths from nitrous oxide gas, and a large number of those from other anæsthetics, have taken place while the patients were in a sitting posture, which would allow the head to fall back farther than if they were lying down; thus favoring the theory that interference with the free action of the lungs may have been the primary cause of death." The cardiac syncope would be of course more readily induced "in patients suffering from shock or fatty degeneration, or already reduced by disease."

Another point advanced is "the importance of elevating the head sufficiently to compel the patient to inhale the anæsthetic through the nares entirely. If deep inspirations be taken through the open mouth, the lungs are inflated instantaneously, and just as rapidly emptied, leaving a long interval while no vapor is in the lungs. If the inhalations be through the nares it takes a much longer time to inflate the lungs, and a much longer time to empty them, leaving no interval. Now, the number of respirations per minute is the same either way; hence it follows that it will require a longer time to effect anæsthesia through the mouth than through the nose."—*N. Y. Medical Record.*

A NOVEL TREATMENT OF SCIATICA. — Dr. J. Prelz, Sutinsko (Bohemia), who was himself a victim of this disease, against which all therapeutic efforts have been of no avail, noticed frequently that the pain was palliated after ingestion of food, but paid no special attention to this until the fifth month of suffering. At that time the attacks were so intense and obstinate that he despaired of cure, but recollecting, casually, the observation on the effects of eating, he resolved to give this a trial. A light meal succeeded in every instance in abbreviating the attacks, but the treatment proved a very troublesome one, though successful, as many as twelve meals during the twenty-four hours being often necessary. In the sixth month the attacks ceased completely, and the patient is now well, with the exception of a chronic gastritis, the consequence of the treatment.

Dr. Prelz has since employed the same treatment successfully in two other cases.—*Wiener Med. Presse.*

Book Reviews.

A Practical Treatise on Diseases of Women. By T. Gaillord Thomas, M.D., etc. Fourth edition. Philadelphia: Henry C. Lea; Jansen, McClurg & Co., Chicago.

This work is too widely and generally known, through its former editions, to require more than a brief announcement. The present edition has been thoroughly revised, and many chapters entirely re-written, so as to constitute it almost virtually a new work. The author still advocates strongly the lateral method of speculum examination, by the use of Sims' speculum in preference to the cylindrical speculum, introduced in the dorsal position, and all his teachings and instructions are given from this standpoint.

A Complete Handbook of Obstetric Surgery, or Short Rules of Practice in every emergency, from the simplest to the most formidable operations connected with the science of obstetricy; with numerous illustrations. By Charles Clay, M.D. From the third London edition. Philadelphia: Lindsay & Blakiston; Jansen, McClurg & Co., Chicago. 8vo., 324 pp. Price $2.25.

The field covered by this little work is sufficiently explained in this somewhat comprehensive title, and the author's name is a full guarantee of its value and reliability.

Infant Diet. By A. Jacobi, M.D. Revised, enlarged, and adapted to popular use, by Mary P. Jacobi, M.D. New York: G. P. Putnam & Sons, Fourth Ave. and Twenty-third Street. Chicago: W. G. Holmes. 120 pp. Price $1.75.

This little volume forms one of Putnam's handy-book series, and contains a plain, common-sense consideration of the subject of infant diet. It is intended and well adapted for the instruction of mothers as well as physicians.

Observations on the Pathology and Treatment of Cholera. By John Murray, M.D., of Bengal. New York: G. P. Putnam & Sons, Fourth Ave. and Twenty-third Street. Chicago: W. G. Holmes. 8vo.; flexible cloth covers; 58 pp. Price $1.00.

The Treatment of Venereal Buboes.—Sauszinski (*Centralblatt fur Chirurgie*, No. 6, 1874) has adopted the method of opening buboes by a small perforation, as was advised by Ricord, and later by Zeissel, and has tried it in eighty-two cases of this complication of venereal disease. The bubo is opened with a narrow bistoury, the pus is pressed out through the wound, and it is then dressed with a graduated compress moistened with lead water, over which a small sack filled with sand is laid. The whole dressing is then fastened by means of a Spica bandage, and the patient is confined to his bed for the first few days. At first the compress is renewed twice during the day, but later, when suppuration has diminished, only once, the wound being washed with warm water at each dressing. The sack of sand is used until the edges of the wound become attached to the tissues beneath, when the dressing is changed to charpie and adhesive strips. The advantages claimed for this method of treatment over that by free incision are that the risks of having distinctive ulcerative processes in the wound are much less, and the time needed for its closure is shortened from forty-nine to twenty-eight days.—*Philadelphia Medical Times.*

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THE RELATION OF THE PROFESSION TO THE SECULAR PRESS AND THE ROSTRUM.

AN ADDRESS READ BEFORE THE CENTRAL ILLINOIS MEDICAL ASSOCIATION, BY THOS. D. WASHBURN, M. D., HILLSBOROUGH, ILL.

OUR worthy President has assigned me the duty of preparing a paper on "The relation of the profession to the secular press and the rostrum;" a topic involving very little anatomy, though I propose to unearth a skeleton, and as I proceed to discuss the pathology, which naturally antedates most skeletons, I may attempt to apply some therapeutics, which involves more or less a knowledge of physiology.

I am conscious that I have a delicate task, for it is a question only recently sprung, and is liable to much misconstruction. To many minds a new idea is as dangerous as nitroglycerine, and any reconstruction or meddling with well-established usages is as perilous as the restored pillory in "My Novel," of Bulwer Lytton. But, gentlemen, the men who do not think and cannot see how the past can be improved, and believe that progress is an enemy, unworthy our confidence or examination, are not fit to practice medicine, and should make no pretensions to science. So far as the various branches which make up the science of medicine are concerned, you readily admit an immense progress, you seek for the highest culture, you consult the most advanced scholarship, the best authorities. But when you are asked to modify a rule of action, a custom of half a century; when the experience of two generations presses upon you, and the altered circumstances of all your surroundings invite a change; when the

social, political, and religious life has assumed a dozen different phases, adapting itself to the peculiar forces and national condition and demands of the times, does it become us to doze on in our Rip Van Winkle sleep and ignore the light of the nineteenth century? It is astonishing with what ease we wrap the mantle of self-complacency around us, and fondly believe that we are the only true medical light of the world; that medical wisdom cannot be generated outside of the regular profession; that it is conceived, gestated, and brought forth only in the legitimate medical fold. Why, the greatest advances we have made, the most famous epochs in our history, as a profession, have been when some Parthian arrow has been shot from an enemy, when some grand broadside has been given us from a school of quacks or band of charlatans.

That despised, ignorant, and pugnacious Thompson, years ago, with a single idea and formula, untenable at that, viz.: that "Heat is life, cold is death," threw a bomb-shell into our camp that unhinged and disjointed the whole theory and practice of the day; sent calomel and the lancet to the rear, and changed the whole medical front. An exclusive botanic practice arose on the debris, and lives in varied forms to-day, eclecticism being one of its most promising children. It largely modified regular practice, and we are almost unconscious how' much good we owe to its venom and acrimony; this blustering storm, which came down so suddenly on our old craft, made us throw overboard some antiquated notions and old rubbish, retrim the ship, mend the sails, and study more carefully the winds and currents in which we were moving. Hardly a score of years elapsed, before another medical formula struck us like an iceberg in a summer fog, "Similia similibus," a more monstrous absurdity than the other, but it taught us, oh, how much! Many who hear me to-day will testify that in their pupilage they were taught to believe disease to be an entity, and that *medication* alone could exorcise it. We never thought of asking how this or that disease would result if let alone; it was the medicine that restored and saved. True we had some vague notions about the *vis medicatrix naturæ*, but, as a whole, nature got little credit for her labor; associated with this "*similia*," came the *infinitesimal;* that was a revelation; logic, data, philosophy could not reach it; common sense could bang its brains out and fail to strike it; it was beyond the reach of analysis; chemistry it had none; its particles were so comminuted that nothing but the eye of imagination could appreciate them.

We could make some stagger at *mesmerism;* the snapping doctor *did* something, he put the air in motion; we could conceive of a *faith* cure; even the *royal* touch for scrofula could be guessed at, but an *infinitesimal* was too much for us. The vulgar mind could realise a sensible effect in lobelia or cayenne; but *similia similibus* in infinitesimal doses, with all its foreign pretension, vast erudition and decillionth accuracy, captivated the wise, the great and good; its air of mysticism, its beautiful attenuation, its mysterious potency, baffled the power of all ordinary ratiocination, and thousands were overpowered by its imposing claims and vast nothingness. But it taught the profession that

very much we had attributed to medication was not entitled to any such agency; that the largest number of diseases were self-limited, and little or no medication was better than much.

Among the elements of varied success which have developed and maintained these two schools has been the secular press. Both appealed to the prejudices and weakness or ignorance of the popular mind; the one putting up a man of straw, mineral medicine and the bloody lancet, the other the harmlessness and ease of its administration. So far as my observation extends, no editor appeals to reason, philosophy, or common sense in support of either.

No challenge is ever made through the press to honestly discuss the merits of either. Why then is the secular press partial to these *false* systems? For the obvious reason, they fill their pockets. The advertisements of irregular medicine, its puffs and locals are among the principal sources of wealth which sustain them. A man is not going to abuse another who feeds his children, and puts silk dresses on his wife, and supplies him with fast horses. The most reputable and disreputable papers in the city, as well as rural districts, teem with this class of advertisements, the religious press not excepted. These quack kings, Jaynes, Townshend, Radway, Leonidas Hamilton, even Pierer, of Buffalo, and scores of others, spread their money like water; a thousand lesser lights rush in, steal th name of some distinguished Professor, or claim some grand discovery, authenticate the same with cabinet officers and D.D.'s, and keep the public on the *qui vive* for the next astounding medical sensation. They appeal to man's lower and higher nature; no local, religious, or social prejudice is left forgotten; you have Temperance *Bitters* by Walker, Quaker Bitters by Flint, and Plantation Bitters by *Skinflint;* there is no field where successful lying reaps richer harvests. Then you have the *traveling* medical mountebank, with his posters and puffs, stuffing the pockets of the press and skinning the poor invalid. Your *Wizard Oil* and other medical delusions move on with the blare of trumpets and the pageantry of fine equipages. Your more aristocratic and imposing Water Cure, Health Lift, Russian Bath, and semi-heretical delusions and institutions spread their wonders and triumphs broadcast over the land, through the press; surely you cannot expect them to break up their own feed troughs!

But let us look into the philosophy of this matter. Says a distinguished divine, "I now declare that I consider the newspaper to be the grand agency by which the gospel is to be preached, ignorance cast out, oppression dethroned, crime extirpated, the world raised, heaven rejoiced and God glorified." If such are the views of the Rev. Talmage in regard to the influence of the press on the moral and religious character of the nation and the world, how much more appropriate when applied to the *medical* sentiment, which is more exclusively educated by the false teachings of the press!

There is no denying that the press is an immense power in the land; its influence on the public mind cannot be estimated; it enters the palace and hovel alike; the little child as well as the aged sire drink at its fountain;

baited with the minutest portion of truth to cover the ugly hook of medical error, the insinuating style of these pretenders is bound to warp the reason and taste of the public; false doctrine so constantly reiterated, with all the blandishments of culture and genius, will deceive the very elect.

(Distinguished names have been blotted from our roll of honor by the brilliant success which charlatanry occasionally achieves.)

The school boy gets the annual almanac in twenty varied forms; fun and anecdote on one side, marvelous cures and marvelous medicines on the other; the farmer runs over his weekly with the aches and pains of protracted labor still on him, and listens to the syren song of rheumatism cured in twenty minutes; neuralgia annihilated in forty seconds, "to be found at any drug store." The merchant at the close of business, or after his comfortable dinner, seizes his *daily* and next the markets he finds Dr. Pelham's cure for sick headache, colic, gravel, and liver complaint, with the most imposing testimonials, and so on *ad infinitum*. Will any one tell me that the public are not consciously and unconsciously educated to a variety of false medical belief? These thousand and one avenues which open from early dawn to dewy eve in every daily, weekly, and not a few of our monthlies, are sweeping away the grand old landmarks and filling their places with doubt, error and fanaticism. The rostrum fortunately is safe from much mischief in this direction. There is no law forbidding us to let our light shine on the *rostrum*, and where no law is there is no sin. Science and reason are too large an element on the rostrum for it to be often prostituted to base pretension and imposture; the district lyceum and the popular lecturer must minister to our good sense or to empty seats; sophistry and delusion here can be throttled before they get to be respectable snakes; not so with the newspaper: it comes with the breath of the scourge and carbolic acid won't neutralize it.

I have spoken of the press with its swollen stream of contaminated and worthless medical literature, as exhibited in the daily and weekly throughout our land. One word as to the quacks and ignoramuses who practice in almost every hamlet and afflict every community; as a class they excel in electioneering; they are always before the people; seldom before their books; they know every man, woman and child that crosses their pathway. Talk about *blarney:* Pat and Biddy are at a discount; they are eminently road sweepers; they know every man's farm and circumstances, his nativity, religion and politics, when and to whom married, his horses, mules and cattle, can call by name his very dogs; constant contact with men gives them much apparent ability and they have an influence which may well be respected; cordial, caressing, conservative, seldom radical even in medicine, never positive and declaratory except they know well the individual or the crowd, they often become an oracle to the credulous and simple.

Such is the element we as a profession have to meet. Their influence is as pervading as the miasm of an Indian jungle. The frothy gossip which exhales from these medical vampires is as pestilent and contagious as the cholera or yellow fever. They are conspicuous; like small tradesmen they show all they have

and exhibit their wares to the best advantage. They are perennial, the regulars occasional; they are persistent, the regulars spasmodic; they blow a steady breeze, the regulars gusts; they use *common* names and try to make themselves understood by simple illustrations; they call stomach *stomach*, not the gastric viscus; salt *salt*, not chloride of sodium. Their intimate relation to the masses, their appeals to prejudice, their misrepresentation of facts, produce results and warp the judgment of many honest minds. What is the remedy? Shall they be fought with their own weapons? Partially, yes; largely, no; what recourse have we? The attainments and general culture which are conceded us should not be so very modestly concealed as our ethics seem to imply and many of our members so rigidly observe; our personal and general influence should be more sensibly felt on all the medical questions of the day; but of all our resources none is more legitimate than the proper use of the secular press. What is the press? The reflection of the best thought, the practical wisdom, the grand results of the age. The ablest statesmen and divines, the philosophers and most advanced scientists, and the highest business interests of the land and the age cluster round the press. The world seeks light; the American mind, active, dashing, pushing, reports, interviews, telegraphs, and turns creation upside down for news.

Next to air, water and sunlight, the newspaper is essential to the existence of our people. Government, commerce, education, religion, science, agriculture, mechanics, art, and every industry of the land, breathe, live and glow in the secular press. But we, a fraction of humanity, represented by sixty-one colleges, seventy-two journals, some twenty thousand practitioners, and twenty millions or more of patrons, dare not lisp a syllable outside of *hygiene*, lest some venerable *Gusticutus* or sharp Rusticus pounce on our temerity, cry halt! and threaten us with instant and eternal exclusion from all that is reputable, regular and infallible in medicine. It does seem to me about time to put off our swaddling clothes and put on the habiliments of men. This never going into water until you have learned to swim may be good advice to children but it is hardly the stuff for grown people.

The thirty-nine articles doubtless were good when they were born, but do n't you think the *nine* could be dropped to advantage?

Do n't you believe the Westminster Catechism could be slightly altered and not shock the Christian intelligence of the day? No one excels me in true reverence for the past. I am no revolutionist, anarchist, or idle agitator, but I think the time has come to forsake false gods. Those who choose to worship medieval fancies and blindly bow the knee to moss-covered Diana's, should have the privilege, whether social, political, medical or religious; but with all the light of the present age it seems possible that even the medical ethics, habits and precedents of the past generation might be modified, and possibly better adapted to the wants and necessities of the hour. I may be mistaken. I have ceased to worship *age* for its intrinsic excellence; *distance* never presents those rose-colored hues that make vice virtue, or

deformity perfection. I am not for mixing homœopathy, eclecticism, or any other absurd and visionary dogma with regular practice, but I am in favor of informing the public what regular medicine is, and giving them a better opportunity to judge correctly of its merits, to separate the wheat from the chaff and stand out more boldly in defence of our doctrines and our rights; to challenge discussion on the merits of our position; to make ourselves aggressive as well as defensive; to shape and mould and vitalize public medical opinion rather than see it submerged by error and fraud.

It is proper and right that custom and usage should be formulated, and general principles laid down for corporate action and ordinary emergencies; but in this age of development, change and progress, we cannot expect any formula to outlive its usefulness; after the chicken is hatched what is the use of the shell? We concede that we have learned much from our opponents; they have indirectly been the cause of great advancement; we are actually better for their criticism and censure; but they hold that remedies are *personal* property, and any combination entitles them to secresy, private use and a *patent*, which must not be infringed; we hold the opposite, that every remedy is *public* property, and boldly publish the same to the world. They seize the very article we have announced, trump up a fancy name, and impose it on a credulous public as a wonder, a panacea, a life restorer, and with letters-patent or otherwise, reap vast sums of money from their ready dupes. Which course is the more humane? Which course should the public approve? Which course should a discriminating, honorable and appreciative press sanction?

An ignoble deception is sent broadcast over the land, through the press, for pay. That is the motive power which afflicts the secular press. The knaves reap a rich harvest and divide with the press. The people are misled by the press and the whole practice of medicine brought into disgrace. We cannot afford to pay for chasing up these false statements and impositions, consequently our corrections are declined. A *v* or an *x* will open their columns to the next impostor, and so the public are educated and a premium placed on deception, fraud and ignorance, and a low, false, cheap system of practice begotten by this popular mis-education.

We have men abundantly qualified to announce these facts and show up the true position of the profession, either in our dailies, weeklies or monthlies, but the precedent that the true physician should not publish anything in regard to his calling, except in the legitimate medical journal, has existed so long that it would be rash and perilous for a reputable M.D. to attempt to contend for his rights, or define his position, in the secular press or *monthly*.

Our code of ethics is as faultless as any document of its age; it is largely what the profession need, but somehow false views, and inferences, and practices, have been drawn from it; we shall soon be, if not already, in the dilemma of some of our good presbyterian brethren, having a *formula* but differing essentially in *reality*; it certainly is eminently proper that *each* generation should leave its impress on it, lest they be misunderstood. I

presume it has not escaped your notice that there has been a certain restlessness about this matter existing among prominent members of the profession, and for a year or more agitating the journals, even the staid and respectable *Boston Medical and Surgical Journal* has been somewhat exercised, the New York and Philadelphia journals receiving some gentle reprimands for their fast proclivities; quite a variance has been manifested as to the *amount* of popular medical instruction the people should receive; some were for homœopathic, others heroic doses of this pabulum. My own opinion is that our ethics are misconstrued; that they give more latitude than most of the profession have been inclined to take. It says, under "Duties of the profession to the public," art. 1st, paragraph 1, "As good citizens, it is the duty of physicians to be ever vigilant for the *welfare* of the community and bear their part in sustaining its institutions (newspapers) and burdens."

"They should also be ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, &c., —— in regard to measures for the prevention of epidemic or contagious disease." (4) "It is the duty of physicians who are frequent witnesses of the enormities committed by quackery, and the injury to health, and even destruction of life, caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors."

If here is not a *carte blanche* for any attack we may choose to make through the press, rostrum, or otherwise, on the multitudinous forms of medical deviltry which afflict the community, then the English language is out of joint. As *good citizens* we are called upon to be "*vigilant for the welfare of the community.*" Are you vigilant when you let false views and false practice, and imposing medical rascality and pretension come in like a flood and undermine and subvert the truth? When you see men clinging to foolish and baseless dogmas, and trusting life itself to consummate ignorance and unskilled and reckless presumption? We are verily guilty in neglecting to sound the alarm and awaken public sentiment to the audacious practices and destructive forces which are operating on society for want of information and enlightenment; both in regard to diseased conditions and the proper means of cure.

The public ought to know on sight a quack as well as they know a blackleg or a preacher; how one can drop down in a community and remain twelve months and not be detected is a mystery to me; a man that uses his tongue or his pen should be found out by that time. One thing we do know, that where you find a healthy itinerant it is presumptive evidence that he is no earthly account, and unable to make an honest living at home.

To return to the press: the question remains, how can it best subserve the interests of legitimate medicine? Not certainly by confining ourselves to the medical journals and making them the medium of our efforts to reach the popular mind; not solely by improving ourselves and rendering the profession *worthy* of all confidence; not by inveighing against all species of quackery; (for they might charge

us with being interested witnesses); not by abusing the press and denouncing them as selfish and indifferent to the public weal; but by cool, dispassionate logic, a simple presentation of facts in the utmost fairness, selecting well-chosen abuses, follies and false notions, seizing the vulnerable points of error and placing them in popular form before the people; giving instruction in hygiene, the abuse of remedies, and all the shades which quackery assumes, regular or irregular; for we cannot ignore the fact that the members of the profession too often give occasion to just criticism and reproach. The address of the late presiding officer of the N. H. State Medical Society was mainly aimed at these, and our own personal knowledge is not exempt from much that is reprehensible, unworthy, and wrong, in this direction: impressing patients with the idea that they are worse than they are, thus substituting fear and anxiety in place of hope and cheerfulness; depreciating and undermining a brother practitioner by statements and insinuations that have but a modicum of truth; an imposing array of successful cases and profuse assertions of wonderful ability; approaching men and invalids without invitation and *volunteering* advice or medicine; slipping up on the blind side of a man's political, religious, or sectional bias, and soliciting favor; all these are a shame and disgrace and proper subjects of newspaper criticism; but we have a still further mission to perform. It is our business to *create* a medical sentiment, to put the people in possession of right doctrine, to educate and develop, not only in hygiene and physiology, but give them general principles in practice and therapeutics. It certainly is better they should learn from *us* than by the ignorant or designing pretender and demagogue.

Dr. Logan, President of the National Medical Association, ('73) says the "only channels" by which the people can be reached are the "*newspaper* and lecture room;" "this is our work for the future, to educate the people." The President of the Ohio State Med. Society, the same year, advises the daily paper to employ an eminent medical writer to occupy a column, and expresses the opinion it would do more good in educating a proper medical sentiment among the people than all the medical journals combined.

In a paper read a year ago last June, before the Montgomery Co. Medical Society, I use this language: "We number ten to one of our enemies, but they have captured the press, and by their persistent noise and bluster, confuse the public and paralyze the truth. We have county, district and state organizations, but we are hedged in by such an oppressive sense of our dignity, such solicitude for our position and ethics, such exclusiveness for our professional rights and decorum, that we have not given *legitimate* publicity to much of our labor and practice, thereby depriving ourselves of public sympathy and confidence.

"We can better shape public *medical* sentiment than lawyers can the *political*, or clergymen the *theological*, for we number more and have better access to the masses, and it is from sheer neglect we have allowed such a false state of things to exist; we have *slept* while the enemy has sowed tares." Again, an editorial in the *Boston Medical and Surgical Journal*,

January, 1874, closes with these words: "Nothing is further from our wishes than that the profession should expose itself to defilement by contact with politics, but as guardians of the public health, as the best judges on many points of morality, physicians, as a class, have a right to a voice in many matters. If we claim this consistently, moderately but persistently, it cannot be denied us. If we do not claim it we do not use all the means at our command for the benefit of society and the honor of the profession, and are false to the duty we owe both." Let me ask in all candor, would not the same facts and the same logic lead *us* to use the secular press to communicate our views and give instruction to the people?

As societies can we contribute to this end? Certainly we can; each local society could have papers written for this special purpose. Topics could be selected and a committee of one, two or three, appointed to prepare matter and give such facts as would enlighten the public mind, not only on hygiene, but much that pertains to the profession; their relations to each other, irregulars, and the public. The same could be done by the district and state society, and the medical profession brought in closer harmony and sympathy with the people, and the best *local* and most popular dailies made the medium of such communications. Our best writers could be instructed to prepare more elaborate papers for the popular monthlies or reviews, and a safe, healthy, medical literature permeate the reading matter which has such ready access to all classes. If these views are utopian, pardon my temerity; if correct, accept and adopt them.

REPORT OF A CASE OF PNEUMATIC ASPIRATION OF PERICARDIAL SAC, IN COOK COUNTY HOSPITAL.

By D. A. K. Steele, Resident Physician.

GENTLEMEN: The case I will call your attention to is one adverted to by Prof. Johnson, two weeks ago, before your Society, in connection with his report on pneumatic aspiration.

The patient, Edward S., age forty-five; laborer; native of Germany; was admitted to the hospital September 22, 1874, in the evening. Stated that he enjoyed good health until ten weeks prior to admission, when while employed in a lager beer saloon, and sweating profusely, he went into the ice cellar to cool off, and took a violent cold; had several slight chills, followed by pretty high fever, when he was attacked by severe cramping pains in back and left side in region of heart; pain was aggravated by a deep inspiration; had no cough; appetite became impaired, bowels costive; breathing labored; pain in left chest and difficulty of respiration

continued for about four weeks, when he began to convalesce; commenced to work as a cook, again exposing himself to sudden changes of temperature; sleeping in a damp basement. After being so employed for about three weeks he was attacked with pain in left chest, similar in character to first attack; began to cough, expectorating a white frothy sputum. For past two weeks breath has been gradually becoming shorter and more labored; rests poorly at night; appetite poor; bowels costive. Has been a moderate drinker for a number of years; family history devoid of tuberculous taint; never had syphilis, and gives no history of rheumatism.

On admission.—Patient, a large, well nourished man; lies on left side with shoulders elevated and thighs flexed on abdomen; breathing hurried and laborious; face anxious and cyanosed; skin cool and moist; tongue flabby, tremulous and covered with a brownish coating; pulse 132, small, thready and irregular; respiration 28 per minute; temperature a little below normal.

On physical examination.—Inspection reveals bulging of left chest and præcordial region; epigastric protrusion; partial obliteration of left intercostal spaces and decided loss of motion in left chest; heart communicates no thoracic shock; palpation gives an absence of vocal fremitus in left chest anteriorly, while posteriorly the fremitus is exaggerated.

Percussion reveals complete dullness in left chest anteriorly over a somewhat irregular triangle, the base of which would correspond to a transverse line drawn from left axillary region three inches below left nipple to a point two inches to right of tiphoid appendix. Apex at a point about five inches above and one and one-half inches to right of left nipple. The dullness was but slightly altered by postural change; behind get fair resonance; in right chest resonance slightly increased.

On auscultation.—Broncho-vesicular respiration throughout right chest; at apex of left lung anteriorly get bronchial breathing; below third rib an absence of all lung sounds; behind over upper one-third of chest bronchial respiration; over middle broncho-vesicular with mucous rales, and over base bronchial again with occasional fine creptitant rales, and occasional friction sounds.

On auscultating cardic region find an absence of all heart sounds; along the right border of sternum get a few to and fro pericardial friction sounds. Summing up the physical signs we readily arrived at a diagnosis of acute pericarditis with a large serous effusion. Applied warm jacket poultice and gave alcoholic stimuli. Next morning patient not being relieved and dyspnœa increasing dispatched a messenger for Dr. Johnson, thinking that an attempt should be made to relieve the imminent danger of death from dyspnœa by aspirating the pericardial sac and removing a portion of the fluid compressing the lungs. Prof. Johnson arrived in the evening (patient in the meantime having diffusible stimuli, carb. ammonia, quinia and camphor), and confirmed diagnosis, and as the danger of sudden death was imminent determined on tapping the pericardium with the aspirator as a means of temporary relief. Patient was placed in a sitting pos-

ture, and a fine canula connected with a vacuum, was introduced in fifth intercostal space two inches to left of sternum, and carefully carried inwards, upwards and backwards, until it had penetrated the thoracic wall about two inches, when a few drops of bloody serum escaped; about one ounce was removed when the canula was withdrawn. The immediate effect of the aspiration was to quicken and strengthen the circulation as determined by the radial pulse. Heart continues intermittent. Supposition is that the canula entered a little pouch or pocket formed at base of pericardium by plastic effusion and did not enter the main collection of fluid. Patient was continued on stimulants, chest painted with tincture iodine; was also given saline cathartics and diuretics.

24th. Expresses himself as feeling a little better; says he can breathe easier; continued treatment with but little change of symptoms or physical signs until the 28th, when a pleuro-pneumonia of left chest manifested itself, with a corresponding increase of the gravity of the symptoms. A warm jacket poultice was kept continuously applied, and free stimulation resorted to with the application of artificial warmth to extremities. On the 30th a consultation of the attending physicians was held, and it was determined to again resort to aspiration as a dernier ressort. Prof. Johnson introduced a fine canula near point of previous puncture, carrying the point in same direction, but a little higher than before, until the point had passed into chest about two inches, when on turning the stopcock the skillful operator was rewarded by seeing a full stream of bloody serum flowing into the receiving bottle, from pericardial sac. Eleven and one-half ounces were withdrawn, when the canula was removed, no unpleasant symptoms occurring. The immediate effect of the operation was to relieve the turgescence of the superficial vessels and to steady and strengthen the heart's action. Breathing became easier and the apex beat of the heart could be seen for the first time striking a little to the left and higher than normal; cardic sounds distinctly heard; bulging of intercostal spaces not so marked. Half an hour after the operation pulse 132; respiration 28 per minute.

October 1st. Pneumonic inflammation more extensive; extremities cold; radial pulse imperceptible; heart's action feeble, irritable, and irregular; general cyanosis; cannot retain anything on his stomach; is delirious; gradually sank and died at 1 A. M. following morning.

Autopsy. Fourteen hours after death entire body cyanotic; antero-mesial incision, superficial structures normal in appearance. On lifting up sternum found pericardial sac immensely distended with fluid, and occupying nearly the whole anterior portions of left chest and overlapping the right lung for two or three inches; diaphragm depressed; moderate pleuritic effusion in both chests. On opening pericardium found it much thickened and congested, containing a considerable amount of bloody serum; point of last puncture readily seen; point of previous puncture closed by adhesive inflammation; heart hypertrophied, dilated, apparently inflamed; right side distended with venous coagula,

entire surface covered with tenacious coagulated lymph arranged in segregated layers resembling villi, varying in depth from one-half to one inch and adhering so firmly to walls of heart as to be with difficulty removed; pericardium adherent to heart around base by means of this plastic deposit. Left lung throughout pneumonic, in a state of red hepatization, quite friable and firmly adherent to chest walls by recent pleuritic adhesions; right lung congested; kidneys, liver and spleen very much congested; other organs not examined.

In answer to questions from members Dr. Steele stated that no heart sounds were heard until after the second tapping, but that the valves were, probably, not diseased. The heart itself was not weighed, but the heart and sac together weighed four pounds.

The patient, when in health, weighed one hundred and seventy pounds, and was five feet eleven inches high. Before operating, the patient was advised fully as to the operation, and that it was only expected to give temporary relief,—that in itself the operation was not curative. A needle, a little larger than the one used in the hypodermic syringe, was employed.

In reply to an inquiry by Dr. Merriman, it was stated that the patient had never had rheumatism, but had been a large healthy man until three months ago. Dr. Hamill expressed some doubts as to the advantage of aspiration, or its expediency. If there is absorption or removal of the fluid, may there not then be such adhesions as to hasten death?

Dr. F. H. Davis asked whether there was any effusion into the pleural cavities, and Dr. Steele said that there were twenty-five to thirty ounces in each cavity, the latter amount in the right chest.

Dr. F. H. Davis.—It seems as though one chief danger in this operation would arise from the liability of the puncture to allow a dribbling of the fluid into the pleural sac and thus excite a pleural inflammation, but of course the character of the fluid effused would influence to some extent this result. If a purulent fluid, the danger of a bad result would be much greater.

One of the members called attention to the fact that this patient, from the history given us, seems to have had a *primary* and *idiopathic pericarditis*, which is certainly very rare. In the morbid specimen, he saw no deposits of lymph upon the outer surface of the pericardial sac; the cardiac portion of the sac was everywhere thickly covered by the exudation.

Dr. Hyde.—So far as known this operation is the first one of the kind ever done in Chicago, and must have required the courage if not the audacity which that great physician Trousseau exhibited, who boldly plunged the needle into the pericardial fluid long before Dieulafoy had established the present method and processes.

A discussion then ensued between Drs. Simon, Merriman and Hyde as to the probable reason why the fluid that had been drawn off was saneous.

Clinical Reports.

CLINICAL LECTURES IN THE OPHTHALMIC DEPARTMENT OF THE COOK CO. HOSPITAL.

By F. C. Hotz, M.D.

Reported by F. C. Winslow, M. D., House Surgeon.

GENTLEMEN: In presenting a course of clinical instruction this winter it shall be my aim to select such cases for your observation as you will be most likely to encounter in the course of ordinary practice; and believing it to be the duty of every physician to understand thoroughly all the diseases and accidents incident to the external eye, which constitute by far the majority of cases which will apply to you for treatment, I shall confine myself mainly to cases of this character.

The subject I have chosen to present to you to-day is Blennorrhœal Conjunctivitis.

This disease, while it is liable to attack persons of any age, is certainly much more frequent in new-born children, constituting the *blennorrhœa neonatorum* of the authors. Hence the necessity of each practitioner being fully acquainted with the affection, not only because it is to him alone that the parents look for advice at this critical period, but because it is emphatically true that delays are dangerous and ignorance and hesitation are too often the means of consigning the helpless infant to a life of miserable darkness.

The disease may be caused by direct contagion, by exposure to a glare of light, to the continued irritation caused by foreign bodies, and in fact by a variety of causes.

The onset of the disease is marked by pain in the eye, a sensation of heat, and if the conjunctiva be examined it will be found to be unusually dry, and instead of the pale or pinkish hue of health, the vessels are fully injected, giving the membrane a scarlet appearance. This stage of the disease is speedily followed by a change in the external appearance of the lid, which becomes enormously swollen, while the skin covering its outer surface is red and glossy, owing to the infiltration into the cellular tissue beneath. The lid is soft, however, and easily everted, and I may mention in passing, that this constitutes one of the differential points between the affection under consideration and a diphtheritic inflammation. In the latter the lid feels hard, almost cartilaginous, and eversion is well-nigh impossible without inducing anæsthesia.

Upon raising the lower margin of the upper lid, which usually overlies the lower lid, a copious discharge of clean healthy pus is poured forth. This we gently remove with a soft sponge and lukewarm water, and expose the membrane for inspection.

Concerning this operation for the removal of the pus, never permit the

use of anything but pure water slightly warm. Many mothers are in the habit of using for this object the secretion from the mammary gland. This should be strenuously discountenanced, as being in no way suitable for the purpose. The portion of the conjunctiva lining the lid is thrown into large folds, tender, red, and disposed to bleed at the slightest touch, while the ocular portion is infiltrated with serum to such an extent as to bulge forward immediately on raising the lid, thus causing the margin of the cornea to appear depressed.

The result of the disease is of course a matter of great importance. It may terminate in various ways; ulceration of the cornea is unfortunately a too common complication, such an accident resulting in a partial or total loss of vision. The disease in some of its milder forms may run its course and subside, without permanent injury to any of the important structures, leaving granulations which are always extremely slow of removal.

I wish to say a word concerning the difference between the disease under consideration and other affections of the lids. The only disorder with which it is at all likely to be confounded is a diphtheritic inflammation of the lids, and the chief points of distinction between the two are these:

1. In the latter the lids are hard, almost cartilaginous, to the touch.

2. It is impossible to evert the lid without the use of an anæsthetic.

3. The mucous lining is not red, succulent, and liable to bleed at a slight touch, but is pale, anæmic, and covered with the characteristic exudation.

4. The discharge, instead of being of a thick, creamy, purulent character, is thin, turbid and watery.

The prognosis is regulated by the state of the cornea at the time of the first examination. If the cornea is clear the patient may be encouraged to hope for a favorable termination. But if there is a slight abrasion of the epithelium, the constant contact of the irritating secretion will surely develop ulceration, which will most likely be followed by opacity. Or the ulceration may be deep enough to cause perforation, which may be followed by hernia of the iris and anterior synechia.

Treatment: A prominent feature in the care of these cases is cleanliness. Each patient must have his own basin, towel and sponge, and the lids must be carefully cleaned, not three or four times daily, but as often as the secretion accumulates. For this purpose a sponge is the most suitable. A syringe is almost useless. It is entirely inadequate to the removal of the pus adherent to the roughened mucous membrane, and by everting the lid and using a sponge you obtain the additional advantage of being able to *see* what you are doing.

Abstain from the use of milk or teas in cleansing the lid. Nothing is so appropriate as pure warm water. In the œdematous condition which is sometimes present in the ocular conjunctiva, depletion is attained by scarification of the conjunctiva, i. e., superficial incisions radiating from the cornea. By this means you avoid retraction of the membrane and large cicatrices. As a local application experience shows that a solution of ag. nit. gr. xx, xxx or xl, to aq. dist. ʒ j., according to the severity of the disease, is

the best application; this must on no account be used through a syringe, but, carefully everting the lids, to prevent the solution coming in contact with the cornea, touch them with a camel's hair pencil dipped in the solution and then wash them with the brush until the water runs out clear.

CASE I.—A Swede, aged forty; third week of treatment; has had daily application of ag. nit. gr. xx, to ℥ j., and occasionally stronger. The œdema has disappeared from the lid and there is only a slight discharge of pus. He will receive an application only on the lower lids.

CASE II.—An Irishman, aged forty-eight; was taken a few days later than the other. The œdema of the lid has passed away, but the membrane covering the sclerotic still needs occasional scarification.

CASE III.—The most recent case. The lids are still puffy and succulent, and the discharges profuse. He will receive an application of ag. nit. gr. xxx, to ℥ j. once in twenty-four hours, or oftener if necessary.

CLINICAL CASES IN MERCY HOSPITAL.

SERVICE OF SAM'L J. JONES, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY IN CHICAGO MEDICAL COLLEGE.

Reported by J. R. Kewley.

GENTLEMEN: This lady, a number of months ago, was seized with pain in the eye, soon followed by a reddened appearance over the region of the lachrymal sac. This inflammation of the lachrymal sac is sometimes mistaken for erysipelas, but unlike that disease the redness does not tend to spread; neither does it disappear upon pressure. The inflammation commences in the sac and extends more or less to surrounding parts. After pus is formed it frequently works its way through the tissues and discharges upon the external surface, thus forming a fistula. Several months ago such a fistula existed in this case, but, as you see, it is now entirely closed. You notice there is not any great accumulation of tears in the eye; this results from the lachrymal ducts having become impervious from the inflammation. To-day we will give exit to the pus by puncturing the swollen part, and direct the patient to apply warm water dressings to hasten its evacuation. When the pus is discharged we will slit up the canaliculus and probe the nasal duct, so that the secretions may escape into the nose as fast as they are formed.

INFLAMMATION OF THE MEMBRANA TYMPANI AND MEATUS AUDITORIUS EXTERNUS.

This difficulty has existed for twelve months, resulting in impaired hearing, pain and fullness of the parts, with redness, and considerable excoriation. The mother does not give a clear description of its origin; but I think

from the appearances it has been caused by eczema of the auricle and meatus. We will direct the mother to cleanse the parts twice daily with tepid water, by means of a syringe, using at least a pint of water each time.

SLIGHT OPACITY OF CORNEA.

Two years ago this young lady took cold, she says, in the eyes. Inflammation ensued, and as a result you see this slight cloudiness of both cornea. In these cases we generally use a crayon of sulphate of copper, in conjunction with an astringent collyrium. In this case we will direct a solution of two or three grains of sulphate of zinc, to the ounce of water, to be dropped into the eyes once daily.

CATARRHAL INFLAMMATION OF TYMPANUM.

This inflammation is the result of an ordinary cold, it having extended up through the eustachian tubes from the fauces. We will inflate the tympanic cavity, by means of the eustachian catheter, at the same time using the otoscope, in order not only to ascertain whether air enters the tympanum or not, but also to determine the condition of the mucous membrane lining the tympanic cavity. We will also force iodized air into the tympanum, thus obtaining all the benefit of a local application of iodine.

CHRONIC CONJUNCTIVITIS.

You will notice in this case the congested condition of the blood-vessels in the conjunctiva. Notice also the irregular course the vessels take, and the slight opacity of the cornea. This opacity results from a previous ulceration of the part. We will use the crayon of sulphate of copper.

OPHTHALMI TARSI.

There is present in this case, as you see, an inflammation of the edges of the eyelids, with more or less loss of the eyelashes. The great trouble in these cases is the adhesion of the lids, which is especially apt to occur during sleep. To prevent this adhesion taking place almost any oily substance is applied. I usually use a dilute citrine ointment, one part of this to five parts of rose ointment being my usual prescription, directing a little to be applied to the lids each night. In conjunction with this you may use a collyrium of sodæ bi-borate or zinc of sulphate.

TRAUMATIC CATARACT.

This old gentleman was struck in the eye with a large piece of metal. It was so large that it could not enter the eye, yet as a result we have here, as you notice, a cataract, the iris being in many places firmly adherent to the crystalline lens. A hernia of the iris also exists, pressing into the substance of the cornea. We will limit as much as possible the inflammation by applications of cold water, and keep the pupil dilated with a collyrium of sulphate of atropia until absorption has been completed.

An interesting case of chronic aortitis simulating angina-pectoris and producing neither œdema nor difficulty of breathing, has been recently reported to the Anatomical Society of Paris. The autopsy revealed excessive contraction of the orifices of the cervuary arteries, thickening of the kidneys and heart, and extensive atheromatous and calcareous deposit in the aorta, while it was noted as especially remarkable that in connection with these severe lesions of the aorta, the other arteries were found to be entirely intact.

Translations.

GLEANINGS FROM THE GERMAN.

Collated by Dr. E. J. Doering.

SULPHATE OF CADMIUM IN HAZINESS OF THE CORNEA.

DR. ANSIAUX uses the following mixture in all cases of haziness of the cornea with success, increasing the quantity of the cadmium as the eye bears it;

℞ Cadmii Sulphat. gr. j.
Muc. Gum Acaciæ,
Tinct. Opii, aa. f ʒ ij. M.

A few drops of this mixture are put into the eye by means of a camel's hair pencil twice or thrice daily, and the patient is directed to keep his eyes closed for ten minutes after each application of the remedy to prevent its being washed out with the tears. Although in this affection many opthalmologists use the tincture of opium alone, and therefore, would ascribe the good effect of the mixture to the opium contained in it, nevertheless experience has proven that tincture of opium alone does not cure such cases. Dr. A. therefore asserts positively that, in his opinion, sulphate of cadmium is a better remedy than opium, and that to it are due the good results which followed the use of the above mixture.

GELSEMIUM SEMPERVIRENS.

Drs. Sayrer and Mackey, two Italian physicians, have been experimenting with gelsemium and write: "For several years this remedy has been used in America in the treatment of different forms of neuralgia and other nervous affections, the tincture being the form usually employed, in the dose of five to twenty drops. Dr. Ligg was the first to recommend its use in nervous toothache, and we have employed it with great success in all affections of the teeth, which were not complicated with inflammation of the gum or periosteum. We prescribe fifteen or twenty drops every six hours, and after the second or third dose the pain is gone. The remedy is especially valuable in allaying the irritability of the dental nerves in carious teeth and likewise in other forms of facial neuralgia. Some of the most obstinate cases of neuralgia and toothache which resisted all other medicinal agents, were cured rapidly by gelsemium. In large doses gelsemium causes poisonous symptoms, as disturbance of vision, diplopia, headache, and paralysis. Very small doses must be given to children to avoid all danger."

INUNCTION OF CACAO BUTTER IN SCARLET FEVER.

Dr. Bayles writes as follows in the *Berl. Central Zeitung:* "Inunction of lard in scarlet fever, first recommended by Dr. Schneemann, has for years in Germany been used successfully to diminish the heat of the surface and to hasten desquamation. Instead of lard I greatly prefer cacao butter, as

it is more cooling and refreshing to the patient, besides having a more agreeable odor. But aside from these properties I have found that it is readily absorbed by the skin and thus serves as a valuable nutritive agent. It is also more readily applied to the skin on account of its greater consistency than either lard or oils. If the fever is very high the inunction may be performed over parts of the body every hour, and occasionally the entire surface may be treated in this manner."

(As it has been proven that cacao butter is absorbed by the skin, and as it possesses nutritive properties besides its power of reducing the general temperature, and allaying pain and restlessness, it might be worth while to use these inunctions in inflammatory diseases, continued fevers, and especially in the profuse sweating of phthisis and rheumatism.)

TREATMENT OF ECLAMPSIA.

In the *Berl. Beit. zur Geburtsk. und Gyæncok.*, Dr. Jaquet recommends the following treatment for uræmic eclampsia and eclampsia from acute anæmia of the brain, viz.: The patient must be completely enveloped in a large sheet dipped in water of 72° Fah., and well wrung out. Then cover the patient with a large woolen blanket, merely leaving the head uncovered, upon which an ice-bag is to be placed. If labor should be far advanced, the lower extremities must be wrapped up separately to avoid uncovering during the birth of the child. Ten minutes after the application of this envelopment the skin reddens, and in about an hour a free perspiration sets in, continuing as long as the sheet remains on. This treatment used during pregnancy is followed by no ill consequences, likewise, none need be feared after labor. After perspiration begins, the convulsions rapidly diminish, both in frequency and intensity, and the patient soon falls asleep. Chloroform, morphia, opium, or chloral hydrate may be used simultaneously. The patients never complain of a feeling of discomfort, even if the envelopments are continued for a longer time, nor was the life of the child ever endangered thereby.

Editorial Department.

IT is said that when a disease is once recognized, it is half cured. This is rather a consoling maxim, and it is almost the sole consolation left us when we survey the record of deaths among the children of this city during the hot season, just past.

We have compared the mortality statistics of Paris, London, Lyons, and Chicago in the appended table, for the month of July, since that is the month during which the fatality from cholera infantum is, with us, the greatest. We are unable to specify the precise percentage of deaths from

this disorder in each city, since cholera infantum is not tabulated in all of the foreign bulletins, but the aggregate of fatality from bowel affections in summer, must be largely due to infantile disorders.

However humiliating it may be to confess our weakness in this particular, it is certainly well to recognize it. The story told by the accompanying table bears its own moral, and suggests a problem, whose solution is incumbent upon every medical man in Chicago:

Mortality in the Cities of Paris, London, Lyons, and Chicago, for July, 1874.

CITIES.	Population.	Latitude.	Longitude.	Mortality of Special Disorders.										Percentage of total mortality to population.	Percentage of mortality from bowel disorders to population.
				Small Pox.	Measles.	Scarlet Fever.	Typhoid Fever.	Erysipelas.	Bronchitis.	Croup.	Diarrhœa, Dysentery, Cholera Infantum, Cholera Morbus, Enteritis, Etc.	Other Affections.	Total.		
PARIS	1,851,792	48, 50, 11 N.	2, 20, 09 E.	2	39	6	69	43	76	25	72	2560	2902	.0015	.000038
LONDON	3,400,701	51, 30, 49 N.	0, 65, 48 W.	4	99	141	72	30	325	45	356	4015	5087	.0014	.000104
LYONS	323,954	45, 45, 46 N.	4, 49, 25 E.	0	5	2	11	6	7	9	85	483	608	.0018	.00026
CHICAGO	531,713	41, 54, 00 N.	87, 38 W.	7	4	12	10	4	6	4	767	640	1454	.0027	.0014

DR. LIVINGSTONE'S FIGHT WITH A LION. A CAST OF HIS FRACTURED HUMERUS RECEIVED IN CHICAGO.

A SPECIMEN of much interest, both scientific and historical, has just been sent to the museum of the Chicago Medical College by Sir Wm. Fergusson, Baronet, the eminent surgeon of London.

The history of the case is this: Livingstone, as will be remembered, commenced his extraordinary explorations in the interior of Africa more than twenty years ago. In one of his earlier journeys he stopped for a time at a native village, whose inhabitants were much annoyed by the depredations of lions. As the killing of one or two lions usually has the effect to frighten away all the rest from the vicinity, Dr. Livingstone determined to do the timid villagers a kindness, by heading with his men a grand lion hunt to destroy part of the beasts, and intimidate the remainder. For this purpose, he and his men led the people out, and with them surrounded the lions on a wooded hill and began to contract the circle by marching the men towards the centre, but the villagers not being very courageous

gave way before the charges of some of the enclosed animals, broke the circle and allowed them to escape. Finding the hunt a failure all parties returned to the village, but Livingstone and two of his men came upon one of the lions as they went, the result of which is described by himself as follows: (*Travels and Researches in South Africa*, p. 12.)

"Being about thirty yards off, I took good aim at his body, and fired both barrels into it. . . . Turning to the people I said, 'Stop a little, till I load again.' When in the act of ramming down the bullets, I heard a shout. Starting and looking half around, I saw the lion just in the act of springing upon me. I was upon a little height. He caught my shoulder as he sprang and we both came to the ground below together. Growling horribly close to my ear, he shook me as a terrier dog does a rat. The shock produced a stupor similar to that which seems to be felt by a mouse after the first shake of a cat. It caused a sort of dreaminess, in which there was no sense of pain or feeling of terror, though quite conscious of all that was happening. It was like what patients partially under the influence of chloroform describe, who see all the operation, but feel not the knife. The shake annihilated fear and allowed no sense of horror in looking round at the beast. This peculiar state is probably produced in all animals killed by the carnivora, and, if so, is a merciful provision by our Creator for lessening the pain of death.

"Turning round to relieve myself of the weight, as he had one paw on my head, I saw his eyes directed to Mebalwe, who was trying to shoot him at a distance of ten or fifteen yards. His gun missed fire. The lion immediately left me, and, attacking Mebalwe, bit his thigh. Another man, whose life I had saved before, attempted to spear the lion while he was biting Mebalwe. He left Mebalwe, and caught this man by the shoulder; but, at that moment, the bullets he had received took effect, and he fell down dead. The whole was the work of a few moments, and must have been his paroxysms of dying rage."

The lion in shaking Livingstone seized him by the left arm, fracturing the humerus just above the middle. The result was a non-union of the fracture, producing a false joint, and an overlapping of the fragments exceeding an inch in extent. The lower fragment was also rotated on its axis about ninety degrees from its natural position.

The cast shows that either from the injury to the nutrient artery, or else from diminished use of the limb, the shaft of the upper fragment became very much atrophied.

When Livingstone's body was received in London, some natural doubt was felt about its identity, but Sir Wm. Fergusson proved by examination of the fractured bone and false joint, that there could be no uncertainty in the case. The cast is now in the museum of the Chicago Medical College.

The hunters of South Africa have observed that the bites of lions are very troublesome in their healing, and hence believe that the saliva of the animal is poisonous. Dr. Livingstone himself was half inclined to think that there was some truth in the idea, and thought that his own exemption

from virulent symptoms might perhaps be due to his having been bitten through his clothing.

Some professional men in Chicago have been partially impressed in the same way from the persistent inflammation observed in a patient in one of the hospitals, who was bitten in the hand by a lion in a menagerie some months ago, and is still far from being cured. I am not aware, however, of any actual, experimental proof of poisonous qualities in the leonine saliva, and the fact that the teeth of the animal make punctured and lacerated wounds, often penetrating joints and comminuting bones, is a sufficient mechanical reason why many of the wounds should do badly.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, OCTOBER 12, 1874.

Reported by Ralph E. Starkweather, M.D.

THE President, Dr. Bartlett, occupied the chair. After the usual preliminaries Dr. D. A. K. Steele read a report of a case of pneumatic aspiration of the pericardial sac, which appears in full elsewhere in this number of the EXAMINER.

Dr. F. H. Davis next read several interesting reports of cases.

The President reported a case of cerebro-spinal meningitis which proved fatal, in which were numerous curious features simulating hydrophobia. The discussion of this subject, including rabies, was animated and exhaustive.

Dr. Hamill reported a case of abortion with retained placenta, in which he used full doses of ergot for twelve hours, without effect. He then exhibited the fluid extract of *actea racemosa*, forty drops every two hours; the secundines were expelled in six hours; the medicine seemed to act on the body of the uterus, producing tonic contractions. He preferred it rather than ergot. He was called to the case two days after the abortion had taken place. Several members related cases much resembling the one given, with like experience, and expressed the opinion that the use of ergot in the third stage of parturition was, at least, very questionable and inexpedient.

Dr. Merriman was appointed by the President to prepare a paper to be read at the next meeting, upon the management of the third stage of labor.

The society then adjourned.

Gleanings from Our Exchanges.

ON STRAPPING THE CHEST IN PHTHISIS.

By John McCrea, M. A., M. D.

From the London Lancet.

THE treatment of phthisis by restraining chest movement deserves more attention than it has yet received. Partly for this reason, and partly to describe the appliance which I have latterly found most effective, I wish again to direct inquiry to the subject.

In the large number of cases which have come before me in the practice of the Belfast Dispensary, I have seen no remedy equal strapping the chest in efficiency and general applicability. At the same time the use of other remedies is not interfered with. The plasters used in strapping are quite able to bear the strain of walking and talking, so that gentle exercise and conversation are not forbidden; and, indeed, I have seen both rendered enjoyable where they had previously been irksome. I have not met with a case in any stage of the disease in which there was ground for attributing any bad result to the restraint of the chest. I say this because a paper on the subject threatened grave consequences if cases were not most thoughtfully selected after an exact measurement of the proportion of lung involved. An extensive trial has convinced me that this dread is a dream and this refinement finical.

Since writing a paper which appeared in the November number of the *Dublin Journal of Medical Science*, I have made an improvement in the apparatus, which diminishes the frequency of the renewal of the plasters and strengthens their grip. The following description contemplates their application to the upper part of the chest. I have principally used emplastrum roborans spread on swan's down. The sheet, which is half a yard wide, is to be cut into transverse strips. Each strip is eighteen inches long; the breadth should be about three-quarters of an inch. The plasters should be only very slightly heated. The first strip runs up the back in the space between the spinal column and the posterior border of the scapula on the affected side, its starting-point being well below the level of the inferior angle of the scapula. It is to be applied gradually and deliberately, every portion being well rubbed in before the next portion is brought into contact with the skin. It is to be carried over the shoulder and down the front of the chest. In rounding the shoulder it is to be pulled tight and held so while it is being, bit by bit, brought into contact with the front of the chest, the chest just at this period being in the act of strong expiration. The next strip, which is horizontal, commences at the spine, crosses the posterior end of the first strip, passes under the axilla and on towards the sternum. It also is to be applied deliberately and with friction; as it is rounding the chest it is to be pulled tight, the patient at the same time making a forced expiration. Other strips are to be applied in a similar manner, vertically and horizontally time about, until it is judged that a proper grasp of the chest has been obtained. I avoid the scapula as much as possible. Some of the horizontal strips should cross the sternum, and some the spine. A large rectangular piece of plaster should now be applied, occupying the inter-

scapular space and reaching down to the last dorsal spine. Another squarish piece is to cover the front and upper part of the chest between the clavicles and mammæ. These, if smoothly applied, secure the ends of the strips from ruffling up, and give additional *points d'appui*. Finally the whole is to be well rubbed in all over. The patient is to sit quiet for a few minutes before dressing. The plaster soils the fingers, which, however, may be easily cleaned by rubbing with coarse paper and washing with a few drops of ether. The length of strip of course depends upon the size of the chest and the extent of the disease. I always endeavor to control more of the lung than the portion apparently diseased. I have found it generally suitable to cut the plaster as above described. If too long, that may be easily remedied with scissors as each strip is applied. If too short —if, for instance, a vertical plaster beginning on the back does not reach sufficiently far down the front of the chest, let the next vertical plaster commence its course in front and at a sufficiently low point, and then be made to cover the former. This, besides, increases the rigidity of the apparatus, and rigidity undoubtedly is one source of its power.

In a fortnight a re-application will probably be required. This will give a good opportunity for a careful examination of the condition of the lung. While the plasters are still on the indications of the thermometer will be most valuable. If there be an exacerbation of the symptoms, particularly of the cough, dyspnœa, or pain, if the temperature rise, or if the plasters be obviously slack, apply new ones. In an advanced case of phthisis in a girl, the girl's mother told me that she herself could tell the proper time for renewal by observing the cough become distressing at night; and, indeed, it is common for patients to ask for a re-application. This illustrates, besides, the confidence felt in the plasters by those who have had experience of their effects. In early phthisis it is necessary to warn the patients not to mistake the amelioration of their symptoms for recovery; they should always be directed to come back. Possibly when they consider themselves quite well the thermometer or the stethoscope will indicate differently. These are the cases in which, by re-applications, repeated re-applications if necessary, we may hope for the most brilliant results.

In the paper already referred to I have related a few cases, selected with the aim of illustrating the effects of this line of treatment in different stages of the disease. We obtain immediate and marked diminution of the cough, cessation of pain, relief of dyspnœa, and reduction of temperature; and the patient usually expresses at once a feeling of great comfort. In short, I am so satisfied with the results of the numerous cases in which I have tried this method that I give it the first place among all the remedies for phthisis.

M. JOLYET has recently reported to the society of Biology in Paris, some of the principal results of a series of his experiments. He has determined the quantity of urea contained in the blood of rabbits whose skins have been coated with a mixture of aline and linseed oil. He has proved that they sometimes die from cold, and has seen the urea doubled, and even trebled in the blood, though the urinary secretion was diminished. M. Jolyet has also studied the cutaneous and pulmonary respiration of frogs, and has calculated the quantity of carbonic acid exhaled during a given time by placing them under bell-glasses. The minute openings of the bulbs in the skin permit the suppression of the pulmonary respiration. This cutaneous respiration, though sufficing for these animals in winter is incapable of supporting life during summer.

AN EXCELLENT TEXT.—"A clean life and a trust in God are the best of all prophylactics."—*Daily London Telegraph.*

LONDON HOSPITAL.—SURGICAL CASES.

Under the Care of Mr. Maunder.

From the London Lancet.

1. *Compound Fracture of the Skull.*—Frederic B———, aged five, was admitted on June 17th, having fallen from a third-story window, a hight of about thirty feet.

On admission a horizontal laceration was found, about half an inch in length, above and to the inner side of the left frontal eminence, the wound extending down to the bone. At the bottom of the wound a large depressed fracture of the frontal bone could be felt, the depressed portion being considerably below its normal level and overlapped by the sound bone.

It was determined to raise the depressed and impacted bone. Hoffman's forceps were used to chip out a small crescent-shaped piece of the overhanging bone, so as to admit of the introduction of the elevator.

2. *Phosphorus Necrosis of the Lower Jaw.*—D. S———, aged thirty-three, had suffered eight months, during which time the whole of the body and large portions of the rami had become necrosed, and a thin shell of new bone was being modeled upon the original. With a raspatory introduced on all sides the dead bone was isolated from the living. The rami were divided with the saw and cutting forceps, and the whole mass removed in one piece through the mouth.

3. *Compound comminuted depressed Fracture of the Right Parietal Bone.*—P. M———, aged three, was injured by a fall. Hoffman's forceps were used to make room for the introduction of an elevator. The membranes and brain were found to be lacerated. The operation was performed on the 19th June, but on July 5th, almost complete hemiplegia having set in, Mr. Maunder evacuated an abscess in the right hemisphere. The full particulars of this case will be given when it is more complete.

4. *Strangulated Femoral Hernia.*—Margaret P———, aged sixty, was admitted June 23d, suffering from a strangulated femoral hernia on the right side. The protruded portion of bowel was about the size of a small walnut, and it had been strangulated twenty-four hours.

The patient having been anæsthetized, and taxis failing, an incision two inches in length was made at the inner side of the neck of the swelling. The constriction was discoved at the upper extremity of the crural canal. Some fibres of Gimbernat's ligament were divided, and the bowel returned without opening the sac. The wound was closed by three wire sutures.

5. *Multiple Cystic Tumor of the Ovary.*—Elizabeth M———, aged twenty-three, had observed an unnatural swelling of the abdomen about eight months ago. Has been tapped once, some months ago.

On June 24 ovariotomy was performed. There were extensive adhesions to the anterior abdominal wall, and also to the omentum, apparently radiating from the puncture. Bleeding vessels in the omentum were secured by fine catgut ligatures cut short. The pedicle, short and thin, was secured by a double whipcord ligature cut short, and the whole dropped back into the abdominal cavity, after the open ends of two large arteries on the surface of the pedicle had been seared by the actual cautery.

6. *Treatment of Exostosis by Subcutaneous Fracture.*—A girl about sixteen years old had a globular exostosis attached by a narrow stem to the lower part of the femur on the outer aspect, and near to the knee-joint. Mr. Maunder had frequently discussed the treatment of the case, and, among other things, suggested the feasibility of subcutaneous fracture

and its possible consequences. But as the patient suffered from catarrh for some days, the operation was postponed until July 8th. Chloroform having been administered, the skin was first protected by a piece of chamois leather, and then the tumor, being seized with a pair of gas-fitter's pliers, was broken off with a jerk. Forty-eight hours afterwards some tenderness and swelling had resulted.

With the exception of Case 3, the patients are progressing most favorably. The only complaint of the ovarian case is that she is "tired of bed."

In suitable cases Mr. Maunder thinks that Hoffman's forceps should be used instead of the trephine, because sound bone is thus economized.

Dr. Q. C. Smith, (*Nashville Journal of Med. and Surg.*) considers the sub-nitrate of bismuth as a very efficient catarrh snuff. He says that when the disease only affects the nasal passages and frontal sinuses, it will often effect a cure if the disease is not of long standing. The mode of using is to take a pinch of the powder, and thrust it well up one nostril, closing the other one, and take several short whiffs, liberating a portion at each inspiration. Apply to each nostril in same way quite frequently.

Swallowing a Tool-Chest.—It is reported that in the different prisons of Paris there are five or six deaths every year from the effect of swallowing what is known as an "escape box." This remarkable box is made for the special accommodation of prisoners. It is of polished steel, about three inches long, and contains turn-screws, hammers, silk thread, and other implements necessary for escape. The box appears to be easily swallowed, but sometimes fails to reappear as intended, and the death of the victim is the result. But, when it does pass the bowels, the lucky prisoner is prepared to cut the thickest iron bars and set himself at liberty.

Typhoid Fever.—During the recent epidemic of typhoid fever at Lyons there occurred certain atmospheric changes of considerable collateral moment. The temperature rose suddenly, while the barometer experienced a heavy fall. Now, the falling of the barometer is always coincident with an increased discharge of the airs dissolved in water. This may be witnessed at such periods in the increased escape of marsh gas, and is exemplified in the operation of the common hubble-bubble pipe for smoking, so named. The ill-washed gutters of the streets and quays of Lyons emitted the most noisome exhalations (*des puantes emanations*). The quarter of the Bourse, the quays of the Rhone, both close to the public Lyceum, the Quai de Retz in especial, all abounding with dirt and stench, are successively implicated. Out of 900 boys at the Lyceum, 80 were laid up with typhoid fever; the institution, consequently, was closed, by the decision of the rector of the academy. This fever was characterized by evening axacerbations, and Dr. Bondet terms it, in certain cases, a regular abortive typhus. Without going into further details, it may be said that this epidemic of typhus, along with only too many of the same kind, points trumpet-tongued to the necessity of discontinuing the employment of sewers, which are no other than elongated cesspools, and the substitution of earth-closets along with the early removal of all animal and vegetable refuse, instead.—*La France Medicale.*

Ozone.—Dr. Lender ozonises chambers very successfully by means of a mixture of protoxide of maganese, or of the permanganate of potash and oxalic acid. Two spoonfuls of this powder, moistened with twice the amount of water, and a trifle more of water every two hours, emits ozone freely. Gold and silver, however, excepted, it oxidizes metals rapidly.—*Archivio di Medicina Chirurgia ed Igiene.*

Book Reviews.

SURGICAL EMERGENCIES: Together with the Emergencies attendant on Parturition and the Treatment of Poisoning. A Manual for the use of General Practitioners. By William Paul Swain, F. R. C. S., Surgeon to the Royal Albert Hospital, Devonport. With eighty-two illustrations. Philadelphia: Lindsay & Blakiston, 1874. Pages, 189.

This compendious little manual can hardly fail to meet with favor among those for whom it was written, viz.: general practitioners. For, although it is mainly a compilation from the works of the best and most recent surgical authors, yet its condensation of what is of practical value in each, will supply the need of those who are summoned to cases of every sort of emergency.

The chapter on antiseptic dressings will be perused with interest by many, since it was written by Dr. Bishop at the request of Prof. Lister. While there are probably few in this country who consider the extraordinary precautions remmended by Prof. Lister as essential to a complete antiseptic dressing, it is undoubtedly well to err rather on the side of caution than of carelessness. Specific directions are also here given as to the use of the aspirator and Esmarch's bandage in bloodless operations.

The work is well written, and everything is sacrificed to conciseness that is not essential to the meaning. Many of the wood cuts are familiar to the profession, as they have appeared in the works of Fergusson, Bryant and Heath, but they are the better for general circulation and all are fairly executed.

THE PHYSIOLOGY OF MAN. By Austin Flint, Jr., M. D. New York: D. Appleton & Co. Chicago: Jansen, McClurg & Co.

This fifth volume completes Prof. Flint's very elaborate treatise on Human Physiology.

The work, as a whole, is one of which the American profession may well feel proud. A full and faithful exponent of the physiological science of our day, it represents not a compilation merely, but the results of a vast amount of original research and experimentation carried on by Prof. Flint during the past eleven years.

In this last volume the special senses and generation are considered.

THE PHILOSOPHY OF SPIRITUALISM AND THE PATHOLOGY AND TREATMENT OF MEDIOMANIA. By F. R. Marvin, M. D., Prof. of Psychological Medicine and Medical Jurisprudence in the New York Free Medical College for Women. New York: Asaka K. Butts, Publisher. 12mo.; 68 pages.

This little volume is in the form of two lectures, written, the author tells us, to save those who are about to be drawn into the meshes of spiritualism. He regards spiritualism as the worst form of materialism—materialism of materialism. His first lecture is devoted to clear, concise and convincing arguments against spiritualism, arguments which prove one of two things to be true, namely: spirits are material or spiritualism is all fallacy. The second lecture comprises a description of the pathology and treatment of mediomania. He here considers mediums as suffering under a form of insanity, its causes being predisposing and exciting. It may be idiopathic, but generally sympathetic.

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Original Communications.

OCCLUSION, WITH RETENTION OF MENSES.

REPORT OF A CLINICAL LECTURE DELIVERED IN MERCY HOSPITAL, BY PROF. W. H. BYFORD, M. D.

Reported by W. H. Warn, M. D.

TO-DAY, gentlemen, I bring before you this girl, on whom I operated some weeks since for occlusion, with retained menses. The following is her history: M. O——, of M——, Wis., aged sixteen. When she was six years old she had a severe attack of measles, or possibly scarlet fever, and, during convalescence, suffered from inflammation of the middle ear, on both sides, which resulted in partial deafness. During her fourteenth year she began to show signs of menstruation, such as, at irregular intervals, nervous irritability, weight and fullness in the pelvis. For more than a year past these symptoms, together with cramps through the hypogastric region, have occurred at regular intervals of about four weeks, lasting a week, and then followed by another period of rest.

External examination showed a soft, fluctuating tumor in the pelvis, about the size of a uterus at the end of a five months' pregnancy. In making a digital examination the vagina was found to terminate in a cul-de-sac. The patient having been anæsthetized, a trocar was introduced into the fluctuating tumor at the internal extremity of the cul-de-sac, and on removing it, a thick, dark brown fluid flowed slowly out through the canula. The opening was then enlarged, and altogether about a quart of menstrual fluid was evacuated. After washing out the cavity with warm water the patient was carried into the ward and absolute rest enjoined. The opening was prevented from closing up by the introduction of the finger each day. No unfavorable symptoms occurred

during the recovery, except on the second night she was seized with sudden and severe pain in the left iliac region, which the house physician, Dr. Haines, promptly relieved with opiates.

Three weeks after the operation she menstruated naturally, the flow lasting about forty-eight hours.*

Occlusion, with retained menses, may be, with rare exceptions, classed under four forms:

1st. An imperforate hymen, oftentimes as much as a fourth of an inch in thickness, and so dense and strong as not to be ruptured without surgical aid.

2d. Absence of vagina. All of the external organs of generation are complete and normal, but the entire vagina is wanting, and in its place, between rectum and bladder, is found a dense wall of tissue.

3d. Occlusion of the os uteri.

4th. Obliteration of a portion, or the whole of the vaginal canal.

Causes.—The first and second forms of occlusion are congenital, while the two latter are generally acquired.

A frequent cause of acquired occlusion is inflammation and ulceration of the lining membrane of canals and cavities, which take place occasionally during an attack of some of the eruptive fevers.

You will notice in the history of this case which you have just heard, that at the age of six she suffered from a severe attack of an eruptive fever; that there was at this time inflammation of the middle ear, followed by partial deafness. Probably at the same time similar pathological changes took place in the lining structure of the vagina. It became denuded of its epithelium, and the underlying tissue participating in the inflammatory process, union of the opposing surfaces took place, either by first intention or granulation. She being only six years of age there was nothing to call attion to this fact, and it only became apparent after she began to menstruate. The cramps in the uterine region which occurred in this case at the menstrual periods for the past year were caused by the effused blood from the lining membrane of the uterus, acting as a foreign substance, and provoking the uterus to expel its contents. I was asked the other day at the time of the operation, why the effused blood was not absorbed. Undoubtedly a large portion of the blood which was poured into the uterine cavity was absorbed, viz.: the serum, leaving behind the thick, tenacious fluid, which has been found, on microscopical examination, to consist principally of blood corpuscles and epithelian debris.

But the most common cause of vaginal inflammation leading to occlusion, is prolonged and difficult parturition, especially if there has been negligence and want of care after the labor.

Criminal abortion might be mentioned in this connection; and, as an illustration from such a cause, is the case of the young woman on whom I operated in this hospital during the past winter. The principal points of interest in the history of the case were as follows: Menstruation was naturally and completely performed as early as in her fourteenth year. When she had nearly reached the age of sixteen she had a severe and prolonged at-

* The patient was heard from, through the family physician, in October. She had menstruated normally since returning home.

tack of typhoid fever, which left her weak and prostrate. During her illness, and for some time afterwards, she had a discharge from the vagina. To what extent, if any, the walls of the vagina were at this time injured, I am unable to state; at all events, soon after her complete recovery she became pregnant. During the early months of her pregnancy she procured the services of an irregular physician, who produced an abortion, from the effects of which, after a long sickness, she barely escaped with her life. From this event till the time she came into the hospital, a period of two years, she saw no external signs of menstruation. Physical examination revealed a soft tumor the size of a child's head in the pelvis, and the vagina to end in a cul-de-sac some three or four inches long. After an opening had been made through the obstruction and a quantity of thick, tenacious fluid evacuated, I examined carefully the parts and found that the obstruction was situated at the internal extremity of the vagina, leaving a space of about an inch in length between the obstruction and the mouth of the womb. The after-treatment in this case was in every respect identical with that of the patient before you to-day, but, I am sorry to say, it terminated fatally on the third day, with all the symptoms of acute toxæmia.

I suppose that after the abortion the vagina took part in the inflammatory process, which occurred in the uterine region, and through want of proper care the walls of the vagina, at its upper portion, were allowed to become glued together, and finally firmly united.

Another, though less frequent cause, is extensive and continued syphilitic and gonorrhœal ulceration along the genital tract. Plastic lymph is thrown out, it becomes organized and contracts into dense cicatrical tissue; and when the process continues for a long time a complete and imperforate obstruction is liable to be built up. Several cases have been reported in which the occlusion was the result of traumatic injury. Such a cause is not of frequent occurrence.

Diagnosis.—It is rarely ever that the physician is consulted in these cases until the retained menses have caused considerable annoyance and anxiety. The history of the case, then, will go far towards making up a diagnosis, and will lead to a physical examination. External manipulation will show that the uterus is enlarged, and can be felt as a soft, fluctuating tumor, low down in the pelvis. If you introduce a catheter into the bladder you will notice that it takes a direction directly upwards instead of backwards. Now, if at the same time you introduce a finger into the rectum, there will be readily felt between the two an elastic tumor, in size proportionate to the time which the menses have been retained. On attempting to introduce the finger into the vagina it will meet with and recognize the obstruction.

Treatment.—The removal of retained menses is always attended with danger, and not unfrequently followed by death; indeed, several cases have been reported where a simple puncture of the imperforate hymen has terminated fatally. All authors agree as to the removal of the fluid, but as to the best method of doing it there are various opinions. The method I have pursued is as follows:

If it be a case of imperforate hymen, I catch up on the point of a tenaculum the central part of the hymen, and, with a pair of scissors, snip out a portion, leaving a small round opening. Then, radiating from the margin of this opening, I make several incisions: thus finally leaving it star-shaped, in imitation of the caruncule myrtiformes, the remains of the hymen when ruptured without surgical aid. In all other forms of occlusion I puncture the obstructing tissue with a trocar and canula, such as is ordinarily used for tapping in ascites. After withdrawing the trocar I insert through the canula a gum-elastic catheter, to be left as a guide in finding the opening after the canula has been removed. Then with a bistoury I enlarge the opening till it will readily admit the finger. The retained fluid which before flowed slowly through the canula will now flow out readily through the opening, and with gentle pressure over the uterus its contents will be quickly evacuated. The next step is to wash out the cavity with warm water, by the means of a syringe, till the water returns clear. Some authors advise you to dissect through the obstructing tissue with the knife or scissors, in a direction towards the os uteri. The difficulty experienced in endeavoring to dissect this part, with no reliable guide as to the direction in which the dissection is being made, can only be appreciated after making the attempt. In several cases which have come to me from the country, I have noticed that this plan of operating has been tried and in every case failed. Just here I will allude to a case I have in mind on which I operated several years ago. There was complete absence of the vagina and retention of menses, during a period of about two years. The plan of operating was the same as pursued in the case of this girl before you. At the end of three months the entire length of the artificial canal was healed. Five years ago she married, and since then has given birth to one child. She writes that the labor lasted twelve hours, when the child was delivered with the aid of forceps. Her recovery from the confinement was rapid, and since, her health has been good. Again, opinion is about equally divided as to whether a large opening should be made and the retained fluid evacuated at once, and afterwards the cavity washed out, or that the opening should be small and the fluid allowed to escape by drops. It is claimed by the advocates of the latter mode of operating that the "tar-like" fluid cannot be thoroughly washed out, and hence decomposition and septicæmia is as likely to take place whichever plan is pursued. In the cases which have come under my observation, I am confident that all the menstrual fluid has been completely washed out; neither have I ever seen anything in the discharge after the operation which led me to believe that any part of it was some of the retained fluid. I have operated in hospital and private practice in six cases of occlusion: two from absence of the vagina, two from imperforate hymen, two from obliteration of a portion of the vagina, and of the number only one has terminated fatally. This result, and the reports of cases which have been treated in various ways, seems to me to indicate that the opening should always be made sufficiently large to

allow the retained menses to be evacuated at once, and the cavity afterward to be washed out.

After-treatment.—There is always a tendency in the artificial canal or opening to close up. To prevent this, a plug of lint soaked in glycerine, or a glass plug, should be inserted. What I have found to be quite as efficient is simply to introduce the finger once a day till the parts are completely healed.

Clinical Reports.

CLINICAL LECTURE IN THE OPHTHALMIC DEPARTMENT OF THE COOK CO. HOSPITAL.

By F. C. Hotz, M.D.

Reported by F. C. Winslow, M. D., Assistant Physician.

GENTLEMEN: I invite your attention to-day to a case of Convergent Strabismus, or squint, in which condition the visual axis of the affected eye is directed to a point much nearer than the object at which the person looks. We are indebted to Professor Donders for our knowledge of the fact that convergent strabismus is usually the result of hypermetropia.

The affection is usually developed in children between three and five, and is contemporaneous with their first efforts at observation. It should receive early and prompt attention, because if allowed to exist for many years the sight of the affected eye is injured and ultimately lost. This is owing to the fact that the image of the object is, by the distortion of the position of the eye, thrown upon the periphery of the retina, where the impression it makes is so feeble that the mind of the child is unable to take cognizance of it, and it is soon entirely disregarded.

The relief for this condition is the division of the tendon of the internal rectus, and it is to this operation that the patient before us proposes to submit.

She is a lady aged twenty. Has had convergent strabismus sixteen years. She says she has been operated upon once, but the result was not particularly favorable. We administer ether in this case on account of the timidity of the patient, although in persons of moderate firmness it is not necessary. Operating while the patient is anæsthetized is less advantageous from the fact that if it becomes necessary to correct the position of the other eye, as it often is in cases of long standing, it is impossible to do this until the patient has fully regained consciousness. This delays the second operation unnecessarily. The lids are separated with the speculum, and a fold of the conjunctiva over the external rectus seized in a pair of fine-toothed forceps. These are passed to an assistant who thus controls

the movements of the eye. The organ is then rotated well outward and the conjunctiva divided vertically with the scissors over the insertion of the internal rectus. A blunt hook is now passed through the wound and around the tendon of the external rectus, which is dissected loose from its attachments by means of the scissors. The blunt hook is then passed back and forth under the conjunctiva up to the margin of the cornea, in order that we may be sure that no lateral attachments remain undivided. No dressing is necessary, but the patient is directed to return in two days. At this time it was found necessary to treat the other eye in the same manner, to correct the deviation of this organ also.

The second operation was performed without an anæsthetic. This case, you observe, is entirely relieved of the deformity, the visual axis of both eyes being now directed to the object.

The tendency of the eye to rotate outwards after division of the tendon of the internal rectus must make us cautious in the operation, lest we weaken the muscle to such a degree that it will be unable to control the movements of the eye. This is a most disastrous result, for, while a slight convergence is often disregarded by both patient and observer, the least deviation in the way of divergence is very noticeable. Therefore, if after both operations a slight convergence still remains we are not justified in repeating the division, as it often occurs that in extreme cases we must be satisfied with a result which may not be exactly perfect.

CLINICAL LECTURE, GYNÆCOLOGICAL DEPARTMENT COOK COUNTY HOSPITAL.

Service of Prof. T. Davis Fitch.

Reported by D. A. K. Steele, Resident Physician.

GENTLEMEN: To-day we will discuss Vaginitis, or, an inflammation of the mucous membrane lining the vaginal canal. Several varieties of vaginitis are recognized as acute. The latter of the following varieties: simple, specific, and granular, or glandular. Other varieties are mentioned by some authors, such as puerperal, by Prof. Byford, of this city, and diphtheritic, by Scanzoni, &c., &c.

Acute vaginitis may be simple or specific as regards its origin.

The simple form begins usually with swelling of the vulva, and heat, burning itching, and pains at vulvar extremity of the vagina, often around urethra; and one of the first symptoms complained of will be painful micturition. The inflammation may extend to all mucous canals along the urethra, lighting up a urethritis, perhaps to the bladder, giving a cystitis; along the vagina to cervix, giving an endo-cervicitis; or to the cavity of the uterus, giving rise to an endo-metritis; or even along the fallopian tubes to the peritoneal cavity, kindling a fatal peritonitis.

The inflammation may be primary or secondary: primary where it originates in the vaginal mucous membrane; secondary where it proceeds from a vulvitis, or is caused by the irritation of the discharge from an endo-cervical inflammation. In an acute vaginitis, for the first forty-eight hours, you have increased heat and dryness of the parts, succeeded by a copious muco-purulent discharge, of an ichorous nature, which in a few days becomes yellowish, and perhaps assumes a greenish hue; this discharge is continuous, and might be confounded with an endo-metritic discharge, but in the latter you would have it tinged with blood. You might also confound it with an old pelvic cellulitis, when there was a sinus existing, but you would readily be able to differentiate by means of a specular examination, and the history of the case.

The physical signs of acute simple vaginitis, are swelling of the vulva, contraction of the vagina, and you will see the mucous membrane of a deep red color, sometimes almost scarlet, differing essentially from the normal vaginal mucous membrane, which should have a pinkish hue, resembling exactly the buccal mucous membrane.

The specific variety, or gonorrhœal vaginitis, differs very slightly from the simple. Very often you cannot tell any difference. Some authorities distinguish them by reason of the greater acuity of the symptoms manifested in the latter variety; the increased urethral inflammation; greater redness and pain in the parts; the mucous surface bleeding freely and being more sensitive on examination; but, gentlemen, be exceedingly careful in giving a positive diagnosis, for the two varieties resemble each other so closely that you will often not be able to detect the slightest difference, and by giving a hasty opinion you may do irreparable injury to an innocent party, and inflict a sting that you can never extract; for if once your fiat has gone forth you will find that by no amount of argumentation can you change the impression or suspicion you have created.

I would by no means advise you to be dishonest with your patients, but, by the exercise of a little *finesse*, you may retain their confidence and friendship when suffering from this affection, when, otherwise, you might cause infinite family trouble and disturbance. I recall a number of incidents of this nature, in my own practice, where a little imprudence in the management of these cases would have disrupted families.

A man may contract a urethritis from the acrid vaginal discharge, occurring during menstruation, or from an endo-cervical discharge.

There is another variety of vaginitis, termed the follicular, generally the result of pregnancy, in which we have the mucous membrane studded with little red points, that are the hyperæmic and hypertrophied papillæ. This variety may result from either of the other forms.

Then we have the chronic, which is simply a continuation of the acute, in which the severity of the symptoms is modified. The ordinary duration of an acute vaginitis is about two weeks; that of the chronic form is indefinite; may run on for a number of weeks, months, and occasionally lasts for a number of years. I have a patient now under treatment for some two years, with but little bene-

fit. As regards treatment, cure the cause in the first place. If due to an endo-metritis, or a vulvitis, address your remedies to the cure of the primary affection.

In the acute form use warm sitz baths, mucilaginous vaginal injections, and give saline laxatives; if pain is severe give anodynes. A very excellent formula for a vaginal injection, and the one that I am in the habit of prescribing, is

Pot. chloras,	℥ iv.	
Pot. permang.	gr. x.	
Aquæ,	ℨ xvj.	M.

A teacupful morning and evening, with a little warm water added.

Another very excellent plan is the use of cotton tampons of glycerite of tannic acid.

Introducing one of these tampons every three or four days, by attaching a string to them the patient can very readily remove them herself. In using them you should be careful to caution the patient about the liability of staining her clothing from the tannin, in order that she may wear an appropriate bandage.

Translations.

THE CONDITION OF THE PUPIL DURING THE ADMINISTRATION OF CHLOROFORM.

Translated from La France Medicale, by F. J. Huse, M. D.

In none of our books does there appear any sign to guide us in the administration of chloroform; neither is any symptom described from which we may learn the probable condition of sensibility, except such as may be obtained from careful watching of the movements and moanings of the patient. These moanings and movements, however, must of necessity cease in the course of operations of long duration, as for example, ovariotomy and hysterotomy.

In carefully examining all the details in connection with the administration of chloroform, it has seemed to us that there exists a certain connection between the condition of the pupils and the degree of the patient's anæsthesia. We have remarked, also, that the efforts to vomit, which are so frequently met with in surgical anæsthesia, produce modifications, both in the condition, pupil, and in the general sensibility. Notwithstanding the conflicting notions that have prevailed regarding the contraction and dilatation of the iris in anæsthesia, ideas which we do not here propose to discuss, we have continued our investigations and have reached certain results, which, if confirmed by other observers, will probably prove not entirely devoid of a certain degree of utility in every-day practice.

Aided by our friend and former colleague, Dr. Coyne, we reproduced, by experimentation upon animals, in the laboratory directed by Prof. Vulpian, the very same results that we had observed in the human species. The detailed account of these observ-

ations we purpose giving at some future time, at present restricting ourselves to the publication of a brief recapitulation of our researches.

As advised by the majority of hospital surgeons, we administered chloroform gradually, in order to accustom the patient to its use, giving it upon a compress or handkerchief, and allowing the air to permeate freely. We have often witnessed the rapid supervention of death in dogs whose muzzles were covered with a rubber sack that contained a sponge saturated with chloroform, and presented too narrow an opening at the opposite extremity. With this compress, which can be speedily removed whenever any difficulty of respiration may appear, anæsthesia is more gradual (ten to thirty minutes), but accidents seem to be less frequent than if the patient is overwhelmed at the beginning by large quantities of the anæsthetic.

Regarding the condition of the pupil: When the period of excitation approaches, the pupil, which up to that time was mobile, becomes insensible to the light and *dilates*. The patient still retains cutaneous sensibility, shrinking and crying out when pinched. This period of excitation is sometimes very short—it may even escape notice.

After this stage of excitement, the pupil, still remaining insensible to the light, slowly *contracts*, and this contraction becomes more and more evident. If the patient is now pinched, or if the operation is commenced, the pupil relaxes, and sometimes reaches the maximum dilatation. At the same time the subject draws up his extremities, struggles, groans, or cries out.

If, on the contrary, the pupils being contracted, the administration of the chloroform is patiently continued for five or six minutes, the contraction persists and becomes somewhat more strongly marked. If the subject now be pinched there is no longer any dilatation of the pupils, nor any movement, nor any groaning; the operation may proceed, the patient is insensible. This state of complete anæsthesia often coincides with the onset of snoring.

During the operation, especially if it is of long duration, it is necessary to endeavor to preserve this occlusion of the pupils by continuing the administration of chloroform, since with the dilatation of the pupils, whenever allowed to become too great, there is also a re-appearance of sensibility—marked by movements and groans, then the awakening. If, however, the pupils remain well controlled, the patient continues quiet and insensible.

It is very noticeable that the patient's insensibility is exhausted progressively, and in the same ratio as the step in the operation would be painful to him if he was not under the influence of chloroform. Incisions of the skin are especially liable to produce dilatation of the pupil and awakening, if the impression of the anæsthetic is not very profound.

In an instance where the patient was addicted to the use of alcoholic stimulus, and where, after a very long period of excitement, we could only obtain an incomplete anæsthesia, the contraction of the pupils was much less than in other cases. When, at the termination of the operation, he was allowed to return gradually to consciousness, the pupils slowly dilated, then the patient awoke and the pupils became sensitive to light.

These same phenomena were ob-

served during our experiments upon animals. In administering chloroform to dogs it was observed that the dilatation of the pupils coincided with the stage of excitement, and that the contraction of the pupil was immediately succeeded by insensibility. Likewise, if after one or two minutes had passed a dog was forcibly punched, or if his paw was trodden upon, his pupils dilated immediately, he moved and whined. Continuing the chloroform, however, and waiting until his pupils had been contracted for from five to ten minutes, the crushing of his paw was not perceived, but a very strong current produced, after a lapse of one or two minutes, movements and outcries which coincided with a rapid and almost instantaneous dilatation of his pupils. Ceasing the electrical excitation and continuing the effects of the chloroform further, the pupils were greatly contracted, and tickling the velum of the palate aroused no motions, but when the sciatic nerve was laid bare and pinched the animal drew up his paw and his pupils dilated to a slight extent.

Again, pushing the anæsthesia to a still greater degree, the sciatic nerve could be tied, and after being severed, its central extremity could be excited without producing any movement or any dilatation of the pupils. Moreover, the great sympathetic and pneumogastric nerves could be exposed in the neck and subjected to the action of strong currents of electricity without awakening the dog. During all these operations the pupil remained strongly contracted. The animal awoke of his own accord an hour later, and survived, without presenting any accident attributable to the anæsthetic.

There exists, therefore, in the anæsthesia produced by chloroform for surgical purposes, a relation between the complete insensibility of the patient and the contraction of the pupil; between the return to sensibility and the dilatation of this organ.

Moreover, although we believe that this fact has not yet been published, it is the custom in the laboratory of Prof. Vulpian to use the state of the pupil as an index of the completeness of the anæsthesia, after intravenous injections of chloral. If, upon laying bare the sciatic nerve and pinching it, the pupil proves to be immobile, its insensibility has always, in the experience of M. Carville, been a reliable indication.

In concluding this topic we should mention that in the case of two dogs, where syncope and death followed the administration of large quantities of chloroform, there succeeded almost instantaneously to the contraction of the pupils a complete dilatation.

Quite often during surgical anæsthesia there are attacks of vomiting. These vomitings, accompanied by strugglings, have consequences which are worthy of study, and which vary somewhat, according to the stage of anæsthesia in which they make their appearance. The following instances have fallen under our observation:

In a case where the administration of chloroform had only been made for a brief period of time, the patient having lost his consciousness, the pupils being slightly contracted and anæsthesia commenced, an attack of vomiting came on. The face, which had been pale, flushed up, the conjunctiva became injected, the pupils relaxed and remained dilated, while at the same time sensibility entirely re-appeared; consciousness also re-

turned to the patient and he responded to questions.

In another instance, anæsthesia being more complete, and the pupils having been contracted for five minutes, the operation was begun as the patient was insensible. Just then, however, vomiting took place; the face became suffused, the pupils dilated, and sensibility reappeared, though without the return of the patient to consciousness. The administration of chloroform was continued and the operation was delayed from seven to eight minutes.

On other occasions it was in the course of the operation and while anæsthesia was quite profound, that vomiting appeared. In such cases there was, likewise, congestion of the face, dilatation of the pupils, and a return to sensibility, marked by some movement of the patient. However, by increasing the quantity of the anæsthetic the contraction of the pupils and insensibility were speedily restored.

Again, we have frequently seen vomiting come on after the termination of the operation, and when the administration of chloroform had been discontinued for some time; anæsthesia being then less profound, the pupils became rapidly dilated and the patients were speedily and completely aroused.

We have endeavored to reproduce these same phenomena in dogs which had been anæsthetized with chloroform, by injecting apomorphine subcutaneously. We have obtained results that were similar but less strongly marked: similar in so far as related to the dilatation of the pupils, the return of sensibility and the transitory awakening; less strongly marked, since it is difficult to ascertain the efforts at vomiting in dogs submitted to the influence of chloroform, and when they survive these efforts are less numerous than in man.

It has seemed interesting to us to report these items at this time, when Dr. C. J. Campbell, in a memoir distinguished by more than one mark of honor, has suggested the phenomenon of the exertion during delivery, and the resulting cerebral congestion, as the cause of the almost absolute harmlessness of anæsthesia in cases of childbirth.

In reviewing our observations and experiments we believe that we are warranted in drawing the following conclusions:

If we publish them to-day, while purposing to continue this line of investigation, we are only following the counsels of our preceptors, who have urged us to do so on account of the utility which the subject possesses, and the results which we have obtained. If, moreover, we encounter exceptions to these rules, we bind ourselves to make them known.

I. There exists in the surgical anæsthesia produced by chloroform, a constant relation between the condition of the pupil and the stage of anæsthesia.

II. During the period of excitement the pupil is dilated.

III. This period passed the pupil contracts, its occlusion, when well marked and lasting for several minutes, being generally accompanied by complete anæsthesia.

IV. Dilatation of the pupil occurring in the course of the operation generally indicates that the anæsthesia is less profound, and that a return of sensibility is to be apprehended.

V. The condition of the pupil may therefore serve as a guide in the administration of chloroform.

VI. During operations of long duration, if it is desirable that the patient should be entirely insensible and motionless, it is necessary to direct the anæsthesia in such a manner that the pupils remain constantly contracted.

VII. Finally, the effort of vomiting can produce dilatation of the pupils, cause insensibility to disappear, and awaken the patient; it overcomes, in part, the effects of anæsthesia.

GLEANINGS FROM THE GERMAN.

Collated by Dr. E. J. Doering.

TREATMENT OF SPRAINS BY MASSAGE.

DR. FONTAINE is the author of the following article in the *Centralblatt fur Chirurgie*, No. 26, on the treatment of sprains by massage or shampooing.

For a number of years an old woman in the village of Thelin, in Belgium, has been celebrated for curing all sorts of sprains, acute as well as chronic cases—even such as resisted the skillful treatment of eminent practitioners—by massage, a process to be described presently. Prompted by her miraculous cures the author tried this method in a series of cases, and with the most brilliant results. In a comparatively short time he thus cured a rupture of the tendon of the m. plantaris, a sprain of the thumb and of the hand, and about a dozen cases of distorsio pedis, of which two were of a serious nature. The average duration of the treatment was from four to nine days in simple cases, and from fifteen to twenty days in severe cases. The efficiency of the treatment is well demonstrated by the following case:

An officer, by a fall from a horse, suffered a severe sprain of the tibiotarsal articulation of the right foot, with considerable laceration of the ligaments and soft parts surrounding the outer malleolus; by massage the swelling subsided and the pain diminished so rapidly that the patient was enabled to walk about again in three days, and completely cured in two weeks.

Massage, or shampooing is performed in the following manner: First grease the affected extremity with lard, to protect the epidermis, then, with the thumb of the right hand, or with both thumbs, exert gentle pressure very slowly and steadily from below upwards, towards the heart, and always parallel to the direction of the tendons and muscular fibres. The friction over the affected painful part must be very gentle, but more and more energetic over the healthy portions of the limb, at times even kneading the muscles. This manipulation lasts from a quarter to half an hour, and must be repeated several times a day, according to the intensity of the sprain. Elevation of the

foot and the application of a retaining bandage are of great service.

The author suggests the following as an explanation of the modus operandi of massage: The blood from the torn vessels, effused among the muscular fibres, aponeurotic fibres and tendinous sheaths, producing ecchymosis, and which is the cause of the great pain and swelling, is, by means of these frictions distributed over a larger surface, and therefore more rapidly absorbed, aided by the increased activity of the venous circulation from the direction of the frictions toward the heart. The author strongly condemns the practice of treating a sprain by applying an immovable bandage, as adhesions of the lacerated parts are apt to occur, causing stiffness of the joint and retarding a cure for months. Furthermore, other serious consequences of sprains, as acute and chronic inflammation of the joints, anchylosis, and especially tumor albus or white swelling, are nearly entirely obviated by massage. Another great advantage of this treatment is its simplicity, so that by a little instruction its proper performance can be safely intrusted to the nurse and relatives of the patient.

This treatment is not at all new, for as early as the year 1837 it was recommended by French physicians; of late, especially, by Phelippeaux (*Etude pratique sur les frictions et le massage, ou guide du medecine masseur*. Paris, 1870; and, *Contributions a la vulgarization du massage*). The author concludes with the emphatic words of Phelippeaux: "The universal introduction of massage into medical practice will prove to be one of the greatest boons ever conferred upon mankind."

CAPILLARY EVACUATION OF CERVICAL ABSCESSES.

Dr. Crocq contributes to the *Allg. Med. Central Zeitung*, No. 79, the following article concerning his method of opening abscesses in the neck:

Although cervical adenitis is not classed among dangerous diseases, nevertheless it is the source of a great deal of trouble, especially on account of the subsequent disfigurement from scars. These cicatrices occur both when the abcess bursts spontaneously, or when it is opened artificially. In the male, fortunately, the beard generally conceals the scars from sight, but women are often thus disfigured for life. The physician therefore is frequently accused of carelessness in not having adopted the proper means for preventing scarring.

These facts induced the author to search for some method by which such abscesses might be rapidly and safely healed, and yet leave no unsightly disfigurement behind. If the abscess is allowed to break spontaneously the cavity heals very slowly and leaves an irregular scar. It is therefore the physician's duty to convince the patient that an artificial opening is far preferable.

But a cicatrix cannot be prevented from following an incision made by a bistoury, however small, but all these disadvantages may be obviated if the abscess is punctured by a very fine explorative trocar. If the abscess is large several punctures must be made to facilitate the flow of pus, which may be further aided by gentle pressure. The operation, which is entirely painless, must be repeated every second or third day. In a few days the pus diminishes in quantity and becomes serous, and the swelling sub-

sides. After the abscess has healed small red points show where the punctures have been made, but these soon fade away, leaving after a little while no trace of the abscess. It is very desirable that the punctures should not be made in places where the skin is thinned, as suppuration is apt to result.

For the last ten years Dr. C. has employed this method, both in acute and chronic cases, as soon as fluctuation can be detected, and always with uniform success, for in no case has a cicatrix formed, or suppuration taken place.

Drs. Lawson Tait, in London, and Lorentzer, in Canstatt, have adopted a modification of the author's method, using Dieulafoy's aspirator, first puncturing the abscess with a hypodermic syringe. But both declare that the results obtained were not satisfactory. Dr. C. therefore concludes that his method is simpler, more efficacious, and not only applicable to abscesses of the lymphatic glands, but also to cutaneous abscesses following erysipelas and small-pox, several cases of which he has thus treated with the happiest results.

TREATMENT OF GONORRHŒA.

The following is an extract from a lengthy article by Dr. Haberkorn, in the *Berl. Klin. Wochenschrift*, No. 34, on the above subject:

Injections of permanganate of potassa, carbolic acid, sulphate of zinc, and other remedies, have all proved more or less insufficient in the treatment of gonorrhœa. After repeated experiments the author has found the sulphate of quinine to be a far superior remedy, being prompt in its action and nearly painless. He directs about a teaspoonful of the following mixture to be injected three times a day, retaining it for some time in the urethra:

℞	Quiniæ sulphat.,	gr. xv.
	Acid. sulphur., dil.	℥j.
	Glycerinæ,	f ʒ vj.
	Aquæ,	f ʒ ij.

After three days a great improvement took place in all his cases. The expense of the medicine is covered by the rapidity of the cure. These results therefore justify a more extensive trial of this remedy.

TINCTURE EUCALYPTUS GLOBULES IN INTERMITTENT FEVER.

The following results are summed up by Dr. Hirsch, (*Berl. Klin. Wochenschrift*, No. 30) as obtained from his experiments with the tincture in nine cases of obstinate intermittent fever:

1. In all the cases, after the use of the remedy for one or more days, the spleen diminished in size.

2. In six cases, three, at most four, teaspoonfuls of the medicine were sufficient to prevent a return of the paroxysms. In one case only was the double quantity required.

3. Seven of the nine cases were cured completely; in the remaining two the remedy proved unsuccessful.

From these results Dr. H. draws the conclusion that tinct. eucalypt. glob. is a remedy but little, if any, inferior to quinine in the treatment of intermittent fever, and that it will probably prove to be as valuable an antiphlogistic in the treatment of other fevers as quinine, digitalis and veratrum.

Editorial Department.

MEDICAL EDUCATION.

THE editor of the *Philadelphia Medical Times*, in a recent number of his journal, commenting on this subject, very justly places a large part of the responsibility for the continuance of the exceedingly defective system of medical college instruction, adopted by all except two or three of the colleges in this country, directly on the old and well-patronized schools of his own city. After complimenting the ability of their respective faculties, their extensive clinical advantages, &c., he says: "It is not of these things we complain, but candor forces us to acknowledge with sorrow, that any student who does not want so much to learn as to get the title of M.D., and the right to practice, will find in the Philadelphia diplomas the maximum of respectability, with almost a *minimum of necessary attainments*." This is nothing more than the exact truth. The medical schools in Philadelphia and New York, with all the prestige of age, and the patronage of large classes, not only plod on with a short annual course of ungraded, repetitional medical instruction, but they really pay less attention, both to the rule requiring three years of study and to the actual attainments of the candidates for graduation, than three-fourths of the so-called smaller schools in other parts of the country. If the medical colleges in those two cities, would, at the opening of their next annual sessions, grade their curriculum into three consecutive courses, one adapted to each year of study; grade their classes accordingly; enforce rigid examinations at the close of each term on the branches taught in each division, as recommended by the College Conventions of 1867 and 1870, every respectable medical college in the whole country would follow their example within three years, and our system of medical education would be no longer ridiculed as a sham and a national disgrace. How much longer will the honorable members of the respective faculties of those schools willingly bear the responsibility of continuing a system that annually collects in their halls, classes composed of all grades of students mixed, and, in sixteen or eighteen weeks, pours into their ears, in heterogeneous confusion, oral instruction in all the departments of the science and art of medicine, and call it *education!*

Will those responsible for the managemement of each of the medical schools in Philadelphia and New York consider carefully the hint given to the oldest of them in the following paragraph in the editorial of the *Medical Times!* "Since the University of Pennsylvania has been the foster-mother of the present system, would that it had celebrated its centennial anniversary by stepping up to a higher and nobler plane! It has lost, however, the honor of being the first institution to reform; *if it hesitates much longer* it may have the *shame of being among the last.*"

STATISTICS OF MORTALITY FROM TYPHOID FEVER.—In answer to the inquiries of a correspondent, we state, that according to the census tables of mortality for the year 1870, the whole number of deaths from typhoid, or enteric fever, in the United States, during the year ending June 1st, 1870, was 22,187. Of these, 11,430 were males, and 10,757 were females.

During the same year the tables show the aggregate number of deaths from *typhus fever* to have been 1,770; of whom 1,004 were males and 766 females. In the State of Illinois, for the same year, the whole number of deaths reported from typhoid, or enteric fever, was 1758; of these 961 were males and 797 females. The whole number of deaths from typhus was 131; of whom 71 were males and 60 females.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, OCTOBER 26, 1874.

Reported by Ralph E. Starkweather, M.D.

DR. BARTLETT, President, in the Chair. After the reading of the minutes of the previous meeting the name of Dr. R. L. Leonard was favorably reported to the Society by the Board of Censors and received an unanimous election.

The Society listened to the reading of a translation from the German of Doctors Kundrat, of Vienna, and Englemann, of St. Louis, on "The Microscopical Appearances of the Uterine Mucous Membrane," made and read by Dr. Von Mansfelde. At its conclusion a vote of thanks was carried, but, owing to the length of time occupied by the reading of the paper, upwards of two hours, its discussion was deferred.

The special committee on the Relations between Physicians and Pharmacists, through its chairman, Dr. Hyde, reported as follows:

Mr. President and Gentlemen:

The committee of your appointment, designed to co-operate with others from the Chicago Medical Society, and the Chicago College of Pharmacy, have the honor to submit herewith the unanimous report of the Joint Committee on the subject assigned to them for investigation.

The time which has elapsed since the date of our appointment has not been an indication of any negligence on the part of your representatives. It was found to be necessary to hold several meetings in order to arrive at definite conclusions, to which all might assent; and these meetings have served to elicit the opinions of every member of the Committee on the ques-

tions at issue, in the somewhat protracted discussions to which they have given rise.

This Society has already pronounced such an unqualified and unanimous condemnation of every course which involves the acceptance of an obligation by physicians from pharmacists, that further action in the premises would seem to be superfluous. We merely call your attention to those features in the subjoined recommendation which have not yet been brought to your notice.

Your Committee has been united in the propositions set forth in the Joint Committee. Either the practices referred to are reprehensible or commendable. Abundant proof has been laid before us to the effect that the practices deprecated have been pursued by reputable practitioners in this city. And it is to us a matter of very great surprise and regret that they should be viewed in one light by one medical society, and in another and very different light by the other, as the press notices of the action of our sister organization would make it appear. We would urge upon you by every consideration of professional honor, the establishment of a high and unalterable standard of ethics, which shall in its turn elevate those who are willing to conscientiously and fearlessly adhere to it.

[Signed,] JAMES H. ETHERIDGE,
JAMES NEVINS HYDE,
WALTER HAY.

The following is the Joint Report:

We, the undersigned, members of a Joint Committee, consisting of delegates from the Chicago Medical Society, the Chicago College of Pharmacy, and the Chicago Society of Physicians and Surgeons, agree to report to our respective organizations a recommendation of resolutions condemning the following practices:

First.—The payment of commissions by pharmacists to physicians, in the form of nominal or free office rental, money, or perquisites.

Second.—The practice of any branch of medicine by pharmacists.

Third.—The use of prescription blanks bearing the name of a pharmacist.

Fourth.—The prescribing of medicines by adding to their titles that of a proprietor or patentee.

Fifth.—The use of private formulæ by which certain pharmacists, exclusively, are enabled to compound prescriptions.

Resolved, That we fully endorse the project of the Chicago College of Pharmacy, by which it is proposed to prepare and publish a codex or collection of formulæ, according to which any physician may order, and any pharmacist prepare, desirable compounds not enumerated in the United States Dispensatory, with greater convenience and uniformity; such codex being subject at any time to addition and revision by the organization here named.

The report was accepted. After a long and exhaustive discussion, in which a large number participated, the report was adopted by ayes and nays, some of the members declining to vote. The attendance at the meeting was one of the largest of the present year. The motion to reconsider the vote adopting the report was laid upon the table till the next regular meeting. At a very late hour the Society adjourned.

Regular Meeting, November 9, 1874.

Reported by Ralph E. Starkweather, M.D.

THE President, Dr. Bartlett, in the chair. After the usual preliminaries, a motion of suspension of the rules was carried, in order to receive a communication from a Committee of the Chicago Medical Society, in regard to a joint donation of money in temporary support of the widow and young son of a physician who had died soon after the great calamity of 1871. The subject was referred to a committee to report at the next meeting.

Dr. Etheridge, a member of the section on materia medica and therapeutics, presented a very full report, including translations and various interesting items from recent publications. Attention was first called to the new Brazilian sudorific and sialagogue,

JABORANDI.

This is a South American product; the leaves and small twigs are the parts of the plant used. The leaves have an odor and a bitter taste, but do not appear to have any alkaloids. Sixty to ninety grains of the leaves and twigs may be infused in a cup of water. "When taken, a drenching perspiration, or more properly, sweating, lasting four or five hours, necessitating several changes of clothes, will follow. At the same time an abundant salivary and bronchial secretion supervenes, which may even exceed two pints in quantity."

AMYL HYDRIDE.

The amyl hydride was exhibited to the Society, and was considered to be innocuous when applied to the skin or mucous membranes. If swallowed it is quickly converted into vapor. It is a remarkable solvent.

A solution containing one scruple of iodine to the ounce of amyl hydride, is very simple, painless, and effective, when applied to bad smelling sores, ulcers, wounds, and to cancer: a very quick disinfectant. Common oils, spermaceti, and other similar oily substances, make ready solutions in amyl hydride.

Burns may be treated with success by using such a solution.

NITRITE OF AMYL.

After explaining the mode of making the nitrite of amyl, and exhibiting a sample thereof, it was described as diminishing arterial blood tension, as though the vaso-motor nerve supply were paralyzed or cut off. It is a remedy indicated in all cases of cerebral anæmia—in epilepsy when due to that cause. If employed for this purpose it should be given at the commencement of the attack, by inhalation of three or four drops placed in a small vial. In syncope and hemicrania, and chloroform narcosis, amyl has been of benefit. A case reported by Dr. Jenks was cited, of puerperal eclampsia, successfully treated by the nitrite, before and after labor, administering three or four drops by inhalation.

CARBOLIC ACID HYPODERMICALLY.

Passing next to the subject of carbolic acid hypodermic injections, several cases lately reported were cited,

in which results very surprising and satisfactory had been attained. In all forms of parenchymatous inflammation it is an active antiphlogistic—the insertion should be made where the lymphatics bring the acid in direct contact with the inflamed tissue. The strength should be two per cent. of pure acid in water. A solution of one per cent., the injections being repeated four or six times, afforded relief in two cases of erysipelas.

FISSURES IN ANO TREATED BY IODOFORM.

As a local anæsthetic it allays the spasm of the sphincter during defecation; while it favors cicatrization by neutralizing the irritating effects of fæcal matter which may remain on the ulcerated surface. It is used as an ointment, one part to three parts of lard, applied twice daily, on a small piece of charpie. Cure may be expected to follow within twenty days.

BROMIDE OF POTASSIUM.

This salt has been employed by Dr. Bernard, in Algeria, in the treatment of engorgements of the spleen, due to intermittent fever; complete resolution may be secured, the treatment being rarely prolonged beyond thirty days. Hypertrophies of the liver yield just as readily, or at least are very much improved. The dose of the bromide is fifteen grains daily, in one potion, in an infusion of orange leaves, etc., for fifteen to twenty days. In one case, however, during ten days, forty-five grains were given daily, in one potion, followed by cure.

An article by Dr. Chauppe, on "The Experimental Study of the Action of Ipecac," translated by Dr. Etheridge, was then read. It discussed the action of ipecac in arresting diarrhœa.

At a former meeting, an article upon its employment in phthisical sweats had been read. No attempt will be made to give an abstract of this most valuable paper, partly on account of its length, but chiefly because the argument and details would be injured by being at all abbreviated. Dr. Simons reported, verbally, a case of compound comminuted fracture of the right parietal bone, complicated by the protrusion of at least half an ounce of cerebral matter. The patient was a boy of the age of three years. Half an ounce of the brain matter, and a piece of bone one-half by three-quarters of an inch in size, were removed, the depressed bone was elevated, and the lips of the scalp wound were united by sutures. At no time has there been loss of sense, sensation, intellection or motion. The boy is doing well, at the present time, four days after accident.

Dr. Hollister narrated a similar case that had occurred in his practice a number of years ago. The patient was a boy twelve years of age, who had been kicked by a horse. There was a crucial fracture of the parietal bone, near the frontal bone; the meninges were lacerated, and, with the brain substance, protruded from the wound. Six drachms of cerebral matter were removed, and a piece of the parietal bone, one and a half by one and three-quarter inches in size. The wound was closed and compresses applied. Recovery was perfect. The boy never lost consciousness, nor was there failure of the mental powers. He was, however, pretty irritable in temper for a short time.

The motion to reconsider the vote

adopting the report and resolutions offered at the last meeting, concerning the relations between physicians and pharmacists, was taken from the table, and, on motion, was laid upon the table indefinitely; thus sustaining the endorsement of them made by the previous meeting.

The Society then adjourned.

Gleanings from Our Exchanges.

ON EXCISION OF CANCER OF THE BREAST BY SCISSOR-CUTTING UNDER ETHER SPRAY.

From The Doctor, Oct. 1st.

DR. Benjamin W. Richardson, F.R.S., publishes in the *Lancet*, Aug. 29, an important paper on this subject, from which we find he has himself performed operations with scissors. If this be contrary to the custom of the College of Physicians of which Dr. Richardson is a member, we none the less rejoice that he has refused to be thus trammeled, and we invite special attention to this, his last contribution to our art.

Two cases are related in detail by Dr. Richardson, the results of which he sums up as follows:

The effect of the local anæsthesia.—It is certain that in both these cases the local method afforded everything that could be desired in the way of anæsthesia. It saved all acute pain; it saved the patient the dread of death during the insensibility from a general anæsthetic, and it enabled me to proceed in our task without a thought as to the immediate safety of the patient. It warranted me in recommending the operation.

The method of cutting with scissors.—Local anæsthesia has many disadvantages. It is more troublesome than general anæsthesia as a detail of practice, and, as it leaves the consciousness alive, it fails at times in preventing the fears of the patient. But hitherto the greatest difficulty in operating under it has been the obstacle of cutting through the hard, frozen, insensible part. The resistance to incision by the best cutting knife, and especially to dissection by the knife, is such that I have seen the most skillful surgeons troubled by it; and I have never been able to complain of the objection that had been made to the method on this ground. The difficulty is now overcome by the process of scissor-cutting, which I have here introduced. The advantage of the scissors over the scalpel will be at once proved by any one who will take a thick, firm structure—the cover of a book for example—and try to cut through it. With the best of scalpels he will be troubled; but with scissor blades he will cut with the utmost facility, if the blades be well set. So, in cutting through the frozen animal tissue, the parts can be divided as rapidly as may be wished with the scissor-blades, with perfect accuracy of incision, and as deeply as may be desired. The cutting is also made without any downward pressure, by which pain of pressure is saved. Also in deep dissection the tissues, frozen as they are exposed, can be divided more easily than by the knife; for the harder they are solidified, the easier they are divided by the scissor-blades. In a word, I believe that every cutting operation, in which local anæsthesia is practicable,

may be performed neatly and effectively by scissor-cutting, and that a much larger number of operations may now be painlessly carried out under the local method.

Effect of the operation on the heart in the cases related.—No fact is more instructive in the history of the patients recorded in this paper than the beneficial effect produced on the functions of the heart by the operation. In both instances the cardiac irregularity and irritability were purely due to irregular nervous supply—to nervous irritation and consequent muscular exhaustion. The irritation might have been in part due to the mental anxiety which naturally accompanies the disease, or it might have been due to the irritation of the tumor, and have been reflex in character. Whichever view be correct, the result of the operation was curative, and, as the cases are typical of a class of phenomena of disease, the lesson they teach is extended far beyond them as individual illustrations. They show that so soon as the heart obtains rest from the persistent nervous thrill that invades it, its muscular tone returns, and its irregular motion and excitability cease. Thus, by operating early for the removal of cancer the surgeon acts as physician also, and prolongs the general life by removing the local disease. I am convinced I have seen patients suffering of cancer die from the mental and local irritation of the disease long before any development of the malady has advanced to kill by destruction of the part or organ involved.

COMPOSITION OF CERTAIN KINDS OF FOOD.—Mr. J. W. Cooper read an interesting paper on this subject before the British Association for the Advancement of Science. Farinaceous foods, he said, were of the utmost importance to children and invalids, whose stomachs are too delicate to properly digest ordinary alimentary substances; and the upper and middle classes are in the habit of using with advantage considerable quantities of such preparations as arrowroot and cornflour. These substances, being in a minute state of division, break up easily and blend with water readily, and they make the food so gelatinous that the digestive juices can at once attack it. If large quantities of vegetable matter be introduced into the stomachs of delicate children, it becomes very difficult to digest; but there is nothing to prevent arrowroot, sago, and cornflour from being digested in the case of invalids and children, except in the case of children under nine months old. Excess of substances containing nitrogen has been known to produce diarrhœa in some children, as well as in grown-up persons. The nutritious value of starch foods has long been universally recognized. In India, China, Mexico, and other places, nine-tenths of the food consumed is mainly starch. In Ireland it furnishes 80 per cent., in the potato. In England our dietaries are apt to be too nitrogenous, and hence the great value and necessity for assimilative farinaceous food. A complete dietary has not yet been introduced to public notice in the form of food for adults, though Liebig did introduce a food for infants, devised upon chemical principles, to form a substitute for mother's milk, prepared from malt-flour, wheat-flour, cow's milk, bicarbonate of potash and water. Milk stands alone as a complete natural dietary for infants. The complex nature of Liebig's composition, which the author said does not appear to be much used in England, will afford some idea of the difficulties to be encountered in concocting a complete dietary; and, under these circumstances, it is fortunate, he observed, that the views of a chemist, which, if supported, were well calculated to prevent the use of most valuable and important foods for the sick chamber and nursery, have met with such decided refutation.—*Lancet*, Sept. 5, '74.

Treatment of Acute and Chronic Bronchitis and Asthma.—Mr. Spurgin, resident medical officer to York Dispensary, employs iodide of potassium in these troublesome complaints (*British Medical Journal*, Sept. 5th, 1874). He states: "I have tried iodide of potassium in over a hundred cases with almost invariable success; in fact, with such success, that patients have expressed themselves by saying, 'It has acted like a charm'; others have said that no medicine ever had any real effect upon their complaint before. Iodide of potassium has a marked effect upon breathing, reducing the frequency of the respirations, perhaps (as I think) overcoming spasms. Almost after the first dose, patients have stated they felt the medicine touch their complaint.

"I usually prescribe it with carbonate of ammonia, and, when the cough is very troublesome, add tincture of belladonna and ipecacuanha wine. In the above complaints I rarely give anything else but the above.

"In one case of very severe broncho-pneumonia I tried iodide of potassium, with tincture of hyoscyamus and ammonia, and the respirations were quickly and astonishingly reduced from forty in a minute to less than half that number.

"In conclusion, I should add that I have purposely given a mixture containing ammonia, belladonna, ipecacuanha wine, spirit of sulphuric ether, etc., without iodide of potassium, and have not found much benefit; after which I have added iodide of potassium, and found the patient relieved almost at once."

In France, as in England and elsewhere, the respective authorities and the public in general are just now taken up with the question as to the most suitable manner of disposing of their dead, as, in large cities like London and Paris, these occupy so much ground as to become an embarrassment to the living. To obviate the inconvenience of overcrowding, the different governments of France have established cemeteries outside the walls of the city, or rather, as far as possible from the centres; but the space allotted to the dead and the living, however far apart they may have been originally, soon unite, and, in course of time, they are obliged to seek other ground for the burial of the dead. This removal of the cemeteries at a distance from town is attended with great inconvenience for the proper performance of the funeral ceremonies practised in Christian countries. But, besides these considerations, there are others of equal, if not of greater importance, which ought to be taken into account: I refer to the public health. With the exception of a few of the old school, or *routiniers*, it is admitted by all hygienists that the situation of churchyards or cemeteries in the midst, or even in the vicinity of, living population, must be prejudicial to their health. It is this grave question that has led the public mind to the consideration as to the expediency of resorting to the ancient mode of disposing of the dead by incineration or cremation. But although this question is being agitated in France, or rather, in Paris, I do not think that the French will readily take to cremation, as, notwithstanding their revolutionary spirit, they are great *routiniers*; besides which, if they have no respect for anything in this world, they have great veneration for the dead; and nothing will convince them that cremation will not tend to abolish this sentiment, and the religious rites proceeding from it.—*Paris Correspondent of the British Medical Journal.*

The German poet, Wieland, never lost his cheerfulness or good humor; and, but a few hours before his death, having insisted on seeing his doctor's prescription: "I see," said he "it is much the same with my life and the doctor's Latin, they are both at an end."—*Henry Crabbe Robinson's Diary.*

NELATON'S METHOD OF RESUSCITATION FROM CHLOROFORM NARCOSIS.—This method of treatment is based upon the hypothesis that death is due to cerebral anæmia, and consists in inverting the body, in order that by force of gravity the blood may be restored to the brain, while the respiration and circulation are renewed. Several striking cases of apparent death from chloroform narcosis have recently been reported in the *British Medical Journal*, in which resuscitation was accomplished by long-sustained inversion. The fact that no death from chloroform has been known to occur during labor is explained in this way: that in active labor, there can be no cerebral anæmia, inasmuch as every pain throws the blood violently to the head, producing congestion of the cerebral blood-vessels, thereby counteracting the tendency of the chloroform to produce a contrary condition.—*Boston Med. and Surg. Journal.*

DIGITALIS.—Dr. Gorz (*Archiv fur Experimentelle Pathologie und Pharmakologie*, 1874, p. 123) has examined, chemically and physiologically, three substances obtained by Nativelle from digitalis. These are digitalin and digitin, crystallizable and soluble in alcohol, and digitalein, amorphous and soluble in water. Digitalin and digitalein are both active, digitin inert. Gorz was able to obtain from the specimen of digitalis at his disposal only an exceedingly small quantity of digitalin, but a considerable amount of digitalein, and supposes that the dried leaves frequently contain but very little of the crystallizable principle. It seems that these facts may account for the uncertainty of the action of tincture of digitalis, which may or may not contain crystallizable digitalin, while the more reliable watery infusion is sure to contain amorphous digitalein, which is equally efficacious. Nativelle considers digitalein to be the active constituent of the officinal (not crystallized) so-called digitalin. It has generally been supposed that the diuretic effect of digitalis depends not on any specific diuretic action of the drug, but entirely upon its ability to increase the blood tension in the arterial system in general. Drs. Brunton and Power (*Centralblatt*, July 4, 1874, p. 497), however, conclude from their experiments that this is not the case, since the secretion of urine diminishes, or even ceases, when the blood pressure reaches its highest point after the injection of digitalin, and re-appears as the pressure begins to fall. They suppose that digitalis contracts the vessels of the system in general, and those of the kidney in particular, and that the latter are probably the first to relax and dilate, thus allowing a local increase of pressure in the malpighian bodies as the general pressure diminishes. They admit also the possibility of a direct action upon the secreting structure of the gland.—*Boston Med. and Surg. Journal.*

TREATMENT OF HÆMORRHOIDS.—Dr. William Colles (*Dublin Jour. Med. Sci.*, June, 1874), having under his care a severe case of "bleeding piles" where all former treatment, including applications of fuming nitric acid, had been of no avail, concluded to try injections of perchloride of iron. For this purpose twenty minims of the ordinary tincture were injected into each mass by means of a hypodermic syringe. The injection caused less pain than the nitric acid, and one administration sufficed to remove the hæmorrhoids completely.

HYPODERMIC INJECTION OF ERGOTINE IN PURPURA HÆMORRHAGICA (*The British Medical Journal*, September 5, 1874).—In a case of purpura hæmorrhagica, occurring during the progress of typhoid fever, and immediately after a severe epistaxis, two injections of one grain each of the liquid extract of ergot completely arrested the hæmorrhage from the nose, stomach, and bowels, and the patient, who was previously at the point of death from syncope, rallied and made a perfect recovery.—*Phil. Med. Times.*

NOTES OF HOSPITAL PRACTICE; CHARITY HOSPITAL, NEW YORK.—*Mucous Patches* yield in a few days to the internal administration of one-fourth of a grain of the green iodide of mercury, together with the local application of the solution of the acid nitrate of mercury. The same caustic proves very serviceable in condylomata, and is used in preference to others.

Buboes.—If these are the results of chancroids, any attempt to prevent their suppuration by pressure, with application of tincture of iodine, usually fails. When suppuration does take place, the dissection out of the gland by means of the handle of the scalpel is the best method to promote a speedy cure. The cavity is filled with balsam of Peru and oakum, in order to get the sore to heal from the bottom.

Epididymitis. — Many varities of treatment have been had recourse to, but the one that gives the best results is the tobacco-poultice. The method of using it is to make a poultice with the tobacco-leaves and apply it to the scrotum at night. In the morning, it is found that much of the pain has disappeared. The poultice serves a double service — first, that of an ordinary poultice; and, secondly, that of a depressant and nauseant.

Phagedenic Chancroids.—The actual cautery is used to stop the phagedenic action and serves its purpose very well.—*New York Medical Journal.*

THE COMIC ASPECT OF CREMATION. —The question of burning the dead is exciting much discussion in California. One paper suggests some readings on plates of funeral urns in the future: "Charles Pupker, 3¼ lbs., cremated July 9, 1879. For wife of above see third pickle bottle on next shelf. Little Tommy, burnt up September 16th, 1881. Jane Matilda Perkins, October 3d, 1883. Put up by the Alden Corpse Cremating Company. None genuine without signature."—*London Lancet.*

CROTON-CHLORAL. — Experience with croton-chloral continues to vary greatly, especially in regard to the dose. Dr. Yoe (*British Medical Journal*, March 7, 1874) does not consider it safe in any case to go beyond fifteen grains, and this amount should be reached by doses of two to five grains every hour or half hour. Dr. Durrant saw a case of severe and persistent neuralgia relieved in two days and cured in three, by one grain three times a day. In another case it utterly failed. Dr. Lewis used five grains twice a day in neuralgic dysmenorrhœa, with remarkable benefit. Dr. H. A. Allbutt used half-drachm doses every night for three weeks in insomnia. There were only three nights of calm sleep in this time. He naturally concludes that it is not of much use in sleeplessness, in which opinion, Dr. Gray (*British Medical Journal*, March 28, 1874) agrees with him, while Dr. Yoe says as a hypnotic it has no advantage over chloral. Occasionally the effect of chloral is increased by the addition of five to fifteen grains of croton-chloral.—*Boston Med. and Surg. Journal.*

INFLUENCE OF DIET UPON THE PROPORTION OF THE WHITE BLOOD-GLOBULES.—Wilbouchevich concludes as the result of several observations upon anæmic subjects that "a purely vegetable diet has an evident effect upon the proportion of the white blood-globules," increasing them from the normal proportion of one to six hundred red globules to one to sixty-six, and one to one hundred and thirty-eight.—*Le Progres Medical*, June 20, 1874.

NOVEL DRESSING FOR WOUNDS, AND FOR STOPPING BLEEDING.—M. Vigier recommends a paste made by mixing two parts of modelling clay with one of glycerine, and so making an application which will be found convenient as a dressing and preservative at the same time. — *Dublin Medical Press and Circular.*

CASE OF POISONING BY DIGITALIN.—Dr. Maguire writes a letter to the *Gaz. Hebdomadaire*, July 24, 1874, giving a case of accidental poisoning by this drug. The case was that of a woman suffering from some affection of the heart, for whom he had prescribed a granule of digitalin every evening.

The patient took it upon herself to swallow a *pinch* of granules—an amount equal to one-fourth grain. In a few moments she was attacked by extreme præcordial anxiety, cold perspiration, nausea; finally, at 3 o'clock in the morning (six hours later) she vomited a small quantity of greenish, glairy matter, and experienced severe pain in the region of the stomach. Examined at 8 o'clock the next morning; the præcordial anxiety had increased, and the vomiting was recommenced as soon as any liquid was taken into the stomach. The pulse was 90 and full, the action of the heart rhythmical and strongly accentuated, the face pale, the pupils normal, no headache, but cold perspiration, general malaise, bitter taste in the mouth; finally, the patient urinated very abundantly, without pain in the renal region; she preserved perfect consciousness. A cup of coffee containing a pinch of tannic acid was immediately administered. At 11 o'clock in the morning—that is, fourteen hours after the ingestion of the poison—the patient was seized with atrocious cramps in the thighs, calves and feet; these pains returned every fifteen minutes; the pulse beat 104, full, regular, without intermissions. At 5 p.m. the pulse was 60, somewhat irregular; the face was injected, feebleness extreme, vomiting less frequent, pain diminished, tongue dry. The urine, which had been secreted very abundantly during the day, became entirely suppressed the following night. A little milk and soup were given, and were retained by the stomach. During the next day the patient's condition gradually improved; by night the pulse beat 72, rarely intermittent. In the course of the following day all symptoms improved, the bitter taste in the mouth and the extreme feebleness alone being persistent for some time.—*Philadelphia Medical Times.*

TAPPING OF THE CHEST.—When the fluid has been evacuated by the exhausting apparatus, the lung, in expanding, may strike against the sharp and hard canula. To prevent this M. Behier of Paris, uses a canula of soft metal to be introduced into the ordinary tube. When the pleura is emptied the soft canula bends down against the parietes of the chest, and the lung does not suffer.—*London Lancet.*

Book Reviews.

[*Received through W. B. Keen, Cooke & Co.*]

CROUP: IN ITS RELATIONS TO TRACHEOTOMY. By J. Solis Cohen, M.D. Philadelphia: Lindsay & Blakiston.

This essay, read before the Philadelphia County Medical Society, and now reprinted from their transactions, forms a pamphlet of seventy-five pages.

THERAPEUTICS AND MATERIA MEDICA. A Systematic Treatise on the Action and Uses of Medicinal Agents. By Alfred Stille, M.D. Fourth edition; thoroughly revised and enlarged. Philadelphia: H. C. Lea, 1874.

This work has long been recognized in this country as the leading and standard text book on materia medica. The present new edition comes to us thoroughly revised and somewhat en-

larged. Some of the chapters have been entirely re-written. Several new articles have been introduced, and the nomenclature throughout has been brought into conformity with the last edition of the Pharmacopœia.

PHYSICIANS' VISITING LIST FOR 1875. Lindsay & Blakiston. Philadelphia.

We acknowledge the receipt of this deservedly popular visiting list for 1875, the twenty-fourth year of its publication.

The Chicago Medical Register and Directory for 1874. Chicago: W. B. Keen, Cooke & Co.

We have already expressed our opinion very freely and fully regarding this work.

[*Received through Messrs. Jansen, McClurg & Co.*]

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. A Hand Book for Students and Practitioners. By Henry Hartshorn, A.M., M.D. Fourth edition. Philadelphia: H. C. Lea.

This little work is already familiar through its former editions. As a brief, condensed, but comprehensive hand book, it cannot be improved upon.

CLINICAL LECTURES ON DISEASES OF THE NERVOUS SYSTEM. By Wm. A. Hammond, M.D. Reported and edited by T. M. B. Cross, M.D. New York: D. Appleton & Co.

This is a volume of 287 octavo pages. The twenty lectures of which it is constituted embrace the following topics: partial cerebral anæmia, alternate, or cross hemiplegia, congestion of the spinal cord, lead paralysis, chorea, aphasia, facial paralysis, glosso-labio laryngial paralysis, cerebral hæmorrhage, posterior spinal sclerosis, progressive muscular atrophy, convulsive tremor, chronic basilar meningitis, cerebral congestion, epilepsy, facial neuralgia, cervico-occipital and intercostal neuralgia, sciatica, organic infantile paralysis.

The peculiar views and teachings of Prof. Hammond have already become familiar to the profession through his larger and more comprehensive treatise.

CLINICAL LECTURES ON VARIOUS IMPORTANT DISEASES. By Nathan S. Davis, A.M., M.D. Second edition. Philadelphia: H. C. Lea.

In this second edition two new lectures have been added, one on *mania a potu* and chronic diseases of the brain, the other on pneumonia.

THE CHICAGO JOURNAL OF NERVOUS AND MENTAL DISEASE. Edited by J. S. Jewell, M.D., and H. M. Bannister, M.D.

The number for October, which is just issued, completes the first volume of this new quarterly.

Each of the four numbers has been filled with the most valuable and important matter relating to this specialty. A full supply of original communications and translations has been given, while the department of reviews and gleanings has comprised a complete epitome of all the foreign and home literature relating to this department. Altogether the complete and thorough manner in which they have carried out their enterprise reflects the highest credit upon the energy and talent of the editors.

The editors announce that the *Journal* has met with favor and patronage largely exceeding their expectations, and, "that there has not been, and is not now, a thought of its discontinuance, whatever changes the future may bring."

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Original Communications.

THE EXAMINATION OF THE SICK: BY INSPECTION, ORAL QUESTIONS, PALPATION OR TOUCH, INSTRUMENTAL AID; THE PRINCIPLES OF DIAGNOSIS; THERAPEUTIC METHODS, ETC.

A LECTURE IN THE REGULAR COURSE ON PRACTICAL MEDICINE, IN CHICAGO MEDICAL COLLEGE, BY N. S. DAVIS, M.D.

ONE of the most delicate and important duties of the physician is to examine his patient. The object of such examination is, to ascertain the location, extent, nature, stage of progress, and coincident derangements, of whatever disease or diseases may afflict the patient; together with the causes that may have been efficient either in producing it or perpetuating its existence. To accomplish this object fully, requires on the part of the practitioner, patience, kindness, gentleness of manipulation; close, undivided attention; the mental discipline that gives quickness of perception, and accuracy of comparison and induction; with that easy boldness which quietly assumes nothing to be immodest that is necessary for a full understanding of the nature and extent of the disease, and yet which sacredly avoids all not thus necessary. To place the patient at ease, and at the same time secure attention, it is best to commence the examination with a few leading questions, such as: How long have you been unwell? How did your sickness commence? Do you suffer much pain, and if so, where? Is it sharp, dull, burning, constant or paroxysmal?

Having thus introduced the examination far enough to allow any feeling of trepidation or embarrassment that might have been felt by the patient, to have subsided, and at the same time to have obtained an outline of his

particular suffering, you should, without apparent design, pass directly to a methodical examination, so complete as to elicit a correct knowledge of all the important functions and processes performed in the system. By simple inspection you observe the physiognomy or expression; the hue of the skin; the position or attitude; voluntary and involuntary movements; general contour or relative development of parts; and the particular appearance of the tongue, with such other parts as may be the seat of special complaint. All this, except the two last items, may be accomplished while proceeding with the oral part of the examination.

After the leading introductory questions already suggested, the further prosecution of the oral examination should take such direction as to elicit as full an account of the several important functions as the patient is capable of giving. Perhaps the most natural and easy method is to interrogate consecutively concerning the organs engaged in the work of digestion, assimilation, and nutrition; those engaged in the opposite processes of disintegration and excretion; then those constituting the nervous system, both cerebro-spinal and ganglionic; and, finally, those concerned in reproduction, especially in females past the age of puberty. When the patient is too young or too sick to answer properly the necessary inquiries, the same should be directed to the nurse, or whoever has immediate care of the patient. There are some diseases, like those of a typhoid character, that always blunt, more or less, the sensibilities of the patient, and often render the manifestations of mind so inactive as to cause very imperfect or erroneous answers to be given. In other cases we have just the opposite, namely, such an increase of nervous sensitiveness as to cause the most extravagant expressions and the wildest exaggerations. It is proper and desirable always to have the nurse, or some reliable member of the family, present during the examination of such patients, because they will greatly assist in correcting erroneous statements, and in supplying defects in the patient's memory. And it is a good rule in all delicate cases, and such as involve apparent mental derangement, to have a free confidential interview with the nurse alone, during which you can canvass the statements and condition of the patient, without danger of exciting either his suspicions or his anger. I need not say this should be done entirely out of the sight and hearing of the patient. Nothing so quickly excites the fears or the suspicions of a conscious patient as private conversation or *whispering* in his room. All conversation in the presence of the sick should be in a mild, kindly tone of voice, just loud enough to be easily understood, but wholly free from all abrupt and boisterous qualities. The correctness of the information obtained from patients will depend much on the manner in which questions are asked. If they are too general in their character the patient will often fail to comprehend their full meaning, and give erroneous answers in consequence. For instance, many when asked if their food digests well, answer promptly, yes; and yet when asked more particularly, acknowledge that the food often lies heavy in the stomach after eating, or that they have frequent belching of gases, and some-

times acid eructations. So, too, in regard to excretions. I have seen many patients who when asked "if their bowels were regular?" answered without any hesitation, "Yes, they were all right." But when asked specifically how often they had a fœcal evacuation some said once in three or four days; others three or four times every day; while others said once a day. The better way is to ask directly how often the patient has an evacuation from the bowels, and what is the color and consistence of the evacuation. The same rule is still more necessary in obtaining a knowledge of the renal secretion. Unless their attention has been previously called to the subject, many patients will not be able to give a reliable statement either as to the quantity or quality of the urine, but will answer in general terms that they think it is about natural. Others will say they "make a great deal more" than natural, when they really make it very *often*, but only a little at a time. Patients laboring under low forms of fever and paralytic affections, not unfrequently have either partial or complete paralysis of the muscular coat of the bladder. This is liable to cause, first, retention until a certain degree of distention of the bladder, and then dribbling, so as to keep the clothing wet, or the passage of only a few spoonfuls at a time. In all such cases, in addition to careful inquiries of the nurse, the physician should daily examine the hypogastric region sufficiently to determine whether the bladder is distended or not. I have known a neglect of this latter rule to lead to several serious mistakes. It is only a few weeks since that I was requested to see a young man reported to be very dangerously sick from disease of the brain. On calling at the house I met the attending physician, and after listening to a brief history of the case, entered the sick man's room. The patient was entirely comatose; chin dropped; pupils a little dilated; breathing irregular; skin clammy; pulse frequent and very feeble; and frequent irregular muscular twitchings. The latter, with a strong urinous odor about the bed, caused me to inquire whether the patient had passed his water regularly.

The attending physician answered in the affirmative. Turning to the nurse I asked *when* he passed his water last? Her answer was, "He passes it every little while, and his bed is wet now." "How long has he passed his water in the bed?" I inquired, at the same time passing my hand down over the region of the bladder. "Three days," was her reply. The hand at once detected a great degree of fullness in the hypogastrium, which further examination proved to be owing to the presence of a bladder so much distended that its fundus reached the umbilicus. The introduction of a catheter gave exit to an ordinary chambervesselful of ammoniacal urine. The attending physician, not a little chagrined, excused himself by saying he had not examined the region of the bladder because the nurse had assured him every day that the patient had passed his water freely. In most cases of chronic disease presenting obscure questions in relation to their pathology, and especially if accompanied by serous or dropsical effusions, the physician should directly examine the urine, aided both by chemical tests and the microscope.

Palpation or Touch.—While the acquisition of an easy, systematic, and accurate method of oral examination is of great importance to the physician, it is never sufficient to give him a full and correct knowledge of the condition of his patient, without the aid of direct contact or touch. By the latter we gain a knowledge of the temperature, and other qualities of the skin; the state of the circulation as indicated by the force, frequency, and regularity of the pulse; the fullness and regularity of respiration; the tension or flaccidity of muscles; the existence of hyperæsthesia and anæsthesia; the existence or non-existence of indurations, enlargements, tumors, abscesses, dropsical effusions, etc.; and the physical condition of the parts within the chest and the abdomen.

In young children, and in patients of all ages whose mental perceptions are disordered by disease, direct physical examination, coupled with inspection, constitute our chief means for acquiring a knowledge of the morbid conditions under which they may be laboring.

Instrumental Aid.—To render this part of the examination of patients more complete, various instruments have been constructed, some of which are of great practical value. The ophthalmoscope; otoscope; rhinoscope; laryngoscope; stethoscope; microscope; sphygmograph; thermometer; urinometer; speculums; with test tubes, spirit lamp, and chemical re-agents, constitute the chief instruments which the physician of today may bring to his aid in determining the existence, nature, stage of progress, and tendencies of disease.

I do not say that a physician cannot acquire skill, and even superior skill, both in the diagnosis and treatment of disease, without familiarity with the use of many, and perhaps all of these instruments. And yet it must be admitted that each one of them, properly used, is capable of adding both to the extent and accuracy of our knowledge concerning the morbid conditions it is designed to aid in investigating. It is desirable, therefore, that every general practitioner should be familiar with the use of all these instruments; and as far as practicable, keep them constantly within his reach. No detailed descriptions or illustrative drawings can give you an adequate knowledge of the articles themselves, or of their practical application. Such knowledge can be obtained only by direct examination and actual clinical use.

Happily for you as a class, the daily hospital and dispensary clinics which constitute a prominent part of the course of instruction in this institution, will give you ample opportunities for becoming acquainted, individually, with the practical application of every instrument and appliance that may aid in the examination and treatment of the sick. As already intimated, the primary object of all our examinations of the sick is to ascertain whether they are afflicted by disease, and if so, its nature, extent, duration, etc.—in other words, to arrive at as full and complete a diagnosis as possible.

But what constitutes a complete diagnosis?

Certainly not the mere classification or naming of the disease; for a very superficial examination may enable the practitioner to determine that a patient has typhoid fever, pneu-

monia, or rheumatism, and yet leave him with a very imperfect knowledge of the pathological changes that had taken place in the solids and fluids of the body. A full and practical diagnosis in any given case embraces, first, a knowledge of the general nature of the disease; second, the pathological changes that have taken place, which determine the stage of advancement; third, the nature and extent of the complications, if any, that have supervened; and, fourth, the physical and mental condition and habits of the patient prior to the present sickness. The first of these items gained will enable you to name the disease; the second and third, to clearly comprehend the present pathological condition of the patient, and found thereon rational indications for treatment; while the fourth will often enable you to anticipate the tendency or direction which other changes will take during the further progress of the case.

The making of a full, practical diagnosis, is, therefore, the most important, and often the most perplexing of all the duties devolving on the medical practitioner. If he succeeds in obtaining a clear and correct knowledge of the nature, progress and tendencies of the disease under which his patient is laboring, it requires but a short and easy process of induction to arrive at the rational indications for treatment: that is, to determine what needs to be done for the purpose of either mitigating or curing the disease, and re-establishing the health of the patient. And, having determined thus logically the indications for treatment which the case requires, a competent knowledge of the principles of hygiene, and of the materia medica, will readily suggest the best means for fulfilling the indications presented. I say a competent knowledge of the principles of *hygiene* as well as of materia medica, because I hope none of you will make so great a mistake as to suppose the treatment of disease consists solely in the administration of drugs.

A large part of the diseases coming under the care of the physician are caused by errors in diet, drinks, clothing, ventilation, and other matters included under the term hygiene; and no one can attain the highest degree of success as a practitioner who does not fully appreciate the importance of careful atttention to the hygienic influences affecting his patients.

The object of such attention is two-fold: namely, to remove or correct such erroneous habits and conditions as may be still acting as causes; and the substitution of such as will positively aid in the restoration of the patient. A comfortable temperature; a sufficient supply of fresh pure air; clean linen; a careful adaptation of the quantity and quality of food and drink to the capacity of the digestive organs to receive and assimilate it; and a quiet, cheerful, hopeful mental influence, are hygienic conditions of universal applicability in the management of the sick. I by no means approve of the modern doctrine of *expectancy*, which assumes that diseases must run their natural course, and that *art* can do little more than properly regulate the hygienic conditions of the patient, and leave the rest to that intangible something called *nature*.

And yet I cannot too strongly urge upon you the importance of making yourselves thoroughly familiar with the facts and principles of public and personal hygiene, and constant atten-

tion to their application in the daily routine of practice. It would not be inappropriate to represent hygiene proper as bearing much the same relation to materia medica that physiology does to pathology.

Therapeutic Methods.—Before closing this lecture I must invite your attention to a few thoughts concerning the principal therapeutic methods, or systems, as they are sometimes called, that have found advocates among the leading members of the profession in this and the preceding generations. Since the earliest periods of medical history, therapeutics, or the application of remedies in the treatment of disease, have been made to conform more or less closely to the co-existing ideas or doctrines in relation to the nature of disease itself. When the nature and phenomena of diseases were regarded as dependent on certain chemical processes called concoction, fermentation, crices, etc., the prevalent therapeutic system was founded on corresponding chemical notions, and had for its leading objects the hastening of the supposed concoctions, the maturing of the morbid humors, and their expulsion or neutralization.

When the theories of vitalism gained the ascendency, and all diseases were regarded as involving either debility (direct or indirect), or irritation, the prevalent therapeutic ideas were soon found aggregated into two leading and opposing systems. The one, founded on the pathological doctrine of debility, had for its leading object *stimulation*. The other, suggested by the idea of irritation, excitement, etc., had for its purpose diminution of excitement by sedation and evacuation, and hence popularly termed antiphlogistic. During the first quarter of the present century the pathological doctrines of irritation and inflammation gained their most complete control over the mind and practice of the profession. Almost every morbid condition was referred to one or the other of these processes; and, as a consequence, bleeding, general and local, emetics, purgatives, and alteratives, were in constant requisition in the treatment of even the most trivial ailments. But, coincident with this supremacy of the antiphlogistic method in therapeutics, came the rapid development of organic chemistry; the application of the microscope to the study of minute anatomy, both healthy and morbid; and the discovery of the fact that many acute diseases were self-limited in duration, and capable of progressing to recovery without the active interference of art. By the first, our knowledge of the composition and properties of the various morbid products, whether in the tissues, the blood, or the secretions, was greatly increased; and the doctrines of exclusive vitalism began to yield to a recognition of zymotic and blood-diseases. By the second, histological investigations were pushed in every direction, unfolding the minute anatomy of all structures, healthy and morbid, and culminating in the doctrine of *cell* growth as the basis of organic structures, and of the cellular pathology of Virchow. By the third, a distrust or skepticism concerning the curative powers of medicines was rapidly engendered, and a confidence in the restorative processes of nature correspondingly increased.

This tendency soon found marked expression in the writings of Jacob Bigelow, John Forbes, O. W. Holmes,

and others; and did not stop until it had effectually checked the heroic use of active remedial agents that had been developed under the preceding doctrines of inflammation and antiphlogistic therapeutics. Under these various influences the former theories or systems of medicine have been abandoned, and yet no other one law, either pathological or therapeutical, has succeeded in gaining any general control over the professional mind. The last twenty years have been characterized by great activity in the accumulation of facts and the multiplication of experiments in almost every department of medical science.

Indeed, it may be regarded as preeminently an era of observation and independent research, untrammeled by authority. And yet, you must not imagine that the present, with all its independence of thought, activity of observation, and vast accumulation of facts, is free from the influence of fanciful theories and bold attempts at generalization. The human mind, in the present, as in all ages of the past, is not only prone to generalize—to frame hypotheses based on a limited number of facts, but, having gained a favorite standpoint, to see all else through light radiating from that focus. Hence, the enthusiastic microscopist, after tracing all organized structures to formation out of primary cells;, and structural changes, whether healthy or morbid, to normal and abnormal cell evolutions, naturally enters upon the study of etiology with the favorite instrument in hand, and soon finds organic germs, either animal or vegetable, in the blood, the secretions or the excretions of patients laboring under almost every variety of disease. And these germs are at once heralded as the efficient cause of the diseases with which they are associated. It requires but a hasty glance over the medical literature of the day to see that we have a large class of writers and investigators who are already referring the origin and propagation of cholera, yellow fever, influenza, and other epidemics, as well as many of the endemics, to organic germs. As all these organic germs have their definite periods of development, maturity, propagation and decline, it is consistent and natural to infer that the diseases to which they give rise should also have a definite course to run, which cannot be materially altered by treatment. Hence the *therapeutic* doctrines of this class are fairly expressed in the words palliation and expectancy, while they place great emphasis on hygiene and preventive measures. Another class, with their standpoint of observation in the laboratory of the organic chemist, see in the living system only a complicated series of chemical actions and reactions taking place in the blood, and between the constituents of that fluid and the organized tissues. So long as these processes are well balanced the evolution of caloric, electricity, and nerve force is natural, and health is preserved. But when, from any cause, the equilibrium is disturbed by some change in the chemical factors, the results are also abnormal and disease is established. By this class we have all the ancient doctrines of humoralism revived under the modern terms septicæmia, zymosis, blood degeneration, etc. Their therapeutics are, of course, largely antiseptic and antidotal.

A third class have their standpoint of observation in the physiology and

pathology of the nervous tissues, and they find little apparent difficulty in satisfying themselves at least, that almost every variety of action that takes place in living matter, whether healthy or morbid, is under the control of nervous influence.* With such the chief end of therapeutics is to modify the various morbid conditions of structure and function in nerve matter.

But a fourth, and much larger class than either of the foregoing, possessing no definite scientific or theoretical standpoint of observation, being swayed by the general current of reaction from the antiphlogistic system, and captivated, partly by the simplicity of the doctrine that all disease is a diminution of life,† and partly by the plausible eulogiums of "*nature*," and *her* all-controlling power‡ over disease, they have become essentially skeptical in therapeutics, and content to regulate the hygiene of the sick-room, amuse the patient with placebos and wait for "nature" to cure the disease; or, more properly, perhaps, wait for the disease to complete its course and disappear; for we find the greater part of this class not only skeptical in regard to the curative powers of medicines, but also firm believers in the doctrine that diseases have an independent existence, marked by growth, maturity and decline, which makes them, in a great measure, independent of the influence of medication.‖ At a period when investigations are pushed with so much vigor in every direction; when new facts are constantly appearing and old facts are being presented in new aspects; and when so much that is recognized as a part of medical science is but partially or imperfectly known; it is not strange that our literature should be filled with contradictions, better calculated to bewilder than to enlighten the student.

And yet, gentlemen, if you will patiently study the views I have presented to you in the preceding lectures, concerning the elementary forms of disease, the methods of investigation, the indications for treatment, and the principles governing the application of remedies, you will be able to follow me in the study of special pathology and therapeutics in such a way as to become rational and efficient practitioners; neither investing disease with the attributes of independent existence and self-determined duration, nor regarding the curative powers of medicine with a melancholy, vacillating skepticism.

There is one fact in therapeutics that I wish to impress indelibly upon your minds. It is, that the special influence of any and every remedial agent depends much upon the actual condition of the patient at the time it is administered.

For instance: a remedy that, administered in health, or in some conditions of disease, would produce a direct sedative or debilitating influence, if given in some other conditions would result in relieving the sense of oppression and weakness, and add to the strength of the patient. All writers class veratum viride, aconite and digitalis, among the sedatives; yet I have seen many

*See Brown-Sequard's Lecture in the Toner Course, at Washington, D. C., 1873.

†See Chambers.

‡See Essays by Bigelow, Forbes and Holmes.

‖See Dr. Gibson's Address before the British Medical Association, in 1870.

patients so debilitated by insufficient oxygenation and decarbonization of the blood, caused by an irregular, tremulous action of the heart, that they could not walk across the room, who, when placed enough under the influence of these articles to render the heart slow and steady in its beat, could walk or ride with ease. I have seen patients in the first stage of pneumonia, with the face deeply suffused with redness, the breathing short and oppressed, the pulse frequent and weak, and the feeling of prostration so marked that they were unable to rise from the bed, so relieved by one prompt, free bleeding, that they could not only sit up but walk about their room with ease. What are recognized as tonics and stimulants, given to the same patients in the same stage of the disease, instead of strengthening, would have added to the debility of the patients by increasing the local vascular fullness. Again, the same quantity of an anodyne or anæsthetic that might be required simply to render a patient comfortable when suffering from delirium tremens or severe neuralgia, might produce dangerous, or even fatal effects, if given to the same patient when well, or the nervous system not disturbed. Hence, I repeat, that the general effect of any and every remedy will be determined very much by the condition of the patient at the time of its administration.

And I can give you, gentlemen, no more important therapeutical law, or general rule of action, than to so investigate every case as to gain a clear and definite conception of the existing pathological conditions, and then apply such remedies as are most accurately calculated to remove both the morbid conditions and the causes on which they depend, without regard to either nosological arrangements or classifications of the materia medica. When the case is so obscure that a satisfactory idea of the actual morbid conditions cannot be obtained with all the aids for making a proper diagnosis that are within reach, then be content to palliate symptoms as they are presented from day to day, by mild means, rather than hazard doing positive injury by a blind exhibition of more active remedies.

ON AN IMPROVED TEST FOR DETECTING SUGAR IN THE URINE.

By W. S. Haines, M.D.

WITHOUT doubt, the best method that we possess, at the present time, for detecting the presence of sugar in the urine, for clinical purposes, is by the use of what is known as Fehling's test,—its simplicity, accuracy, and ease of application rendering it by far the most desirable of all the many tests that have been suggested. Unfortunately, however, associated with all these desirable features there are two serious objections, soon to be mentioned, which very materially limit the field of its usefulness and prevent the great majority of the profession

enjoying the advantages of its excellence. We believe, therefore, that certain suggestions which we are about to propose, in the way of modifying this test, so that its objectionable features are entirely removed while its many advantages remain wholly unchanged, will be found of value to the profession.

Fehling's test, as now usually employed, consists in making up, in the first place, a test solution, prepared by dissolving sulphate of copper, the neutral tartrate of potassium and caustic soda, in water, all of them being used in fixed proportions. A little of the clear blue solution thus produced is poured into a test tube and boiled, when no change should take place; now, a few drops of the suspected urine are to be added and heat once more applied, when, if sugar is present, a yellowish-red precipitate will be thrown down. This test acts admirably well, even in unskillful hands, and nothing better could possibly be desired, were it not for certain difficulties, to which we have alluded before, in making and keeping the test solution. Two of the constituents of this test liquid, the neutral tartrate of potassium and the caustic soda, are not found, in a state of purity, outside the large cities, and even in these latter are frequently to be obtained only with difficulty; hence, it becomes impracticable for the great majority of practitioners to use this test at all, from their inability to procure readily the necessary chemicals. But a still greater misfortune in connection with this test, is, that even after the necessary solution has been prepared, it frequently cannot be relied upon, for almost always, in the course of time, it will spoil and become worthless, owing to a reaction that is brought about by the presence of the neutral tartrate of potassium. Consequently, this truly beautiful and accurate test becomes almost valueless, except to physicians living in the large cities, where the requisite chemicals can be easily obtained, and the test solution may be as often renewed as necessary.

Some two years since we commenced a series of experiments, with the object of discovering, if possible, chemicals to be substituted for the neutral tartrate of potassium and caustic soda, in Fehling's test solution, which would not decompose upon keeping, and which could be readily obtained whenever needed, and so, while retaining the great simplicity and great delicacy of Fehling's test, at the same time obviate its objectionable features. We soon found that glycerine* and caustic potassa exactly filled these requirements, producing a test liquid, when dissolved in water, along with sulphate of copper, which, even in uneducated hands affords most excellent results, and which two years of experience we think warrants us in saying will not decompose however long it may be kept. Moreover, these substances can be procured in a state of sufficient purity wherever a drug store exists, and, consequently, the test comes within the reach of every practitioner.

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*We were surprised to find, a short time since, that this use of glycerine has been previously suggested by a foreign chemist, but we were entirely unaware of this fact while making our own investigations. Since, however, the employment of glycerine in testing for sugar is almost unknown in this country, we believe that our suggestions concerning its use will be quite as acceptable as if our proposal for employing it had not been anticipated.

The formula that we ordinarily employ for making up this modified and improved test liquid, is the following:

Take of sulphate of copper, thirty grains; of hydrate of potassium (in sticks), one and a half drachms; of *pure* glycerine, two fluid drachms; and of pure water (distilled is best), six fluid ounces. Divide the water into two nearly equal portions; in one of these parts dissolve the sulphate of copper and the glycerine, and in the other portion the hydrate of potassium. Mix the two solutions and stir until any precipitate which may in the first place be formed is entirely re-dissolved. The test liquid thus prepared may now be poured into a bottle and set aside until needed.

It will be perceived that this solution may be made up with the greatest possible ease, and any physician, in ten minutes of spare time, can procure the necessary chemicals and prepare enough of it to last him a year or two, even if he be frequently called upon to use it in testing for sugar. It will, perhaps, however, be frequently found most advantageous for the physician to send the formula as given above to some druggist and have the test liquid prepared by him, just as if it were a prescription for some medicine. When well made the solution should be a perfectly clear, dark blue liquid, free from sediment, and a little of it boiled in a test tube should undergo no change. During the first week or two after it is prepared a slight reddish precipitate of the sub-oxide of copper (cuprous oxide) will be thrown down, owing to the presence of trifling impurities in the glycerine and caustic potassa employed, but after this no further change will take place in the liquid, however long it may be kept, if the chemicals employed in preparing it were reasonably pure. We have in our possession a quantity of this test solution prepared nearly two years since, and yet it is in as perfect a condition now as the day it was made.

After a quantity of this solution has been prepared, testing for sugar in the urine becomes a matter of the greatest simplicity, and ought not to occasion the physician the slightest trouble. An ordinary sized test tube is to be filled to the depth of half an inch or so with the test liquid, and heat from any convenient source applied until it boils, when no change whatever should ensue. Now, two or three drops of the suspected urine are to be added, the test tube shaken slightly, so as to cause a mixture of the two fluids, and heat once more applied. If sugar is present in any considerable quantity, an abundant precipitate of the yellowish-red sub-oxide of copper (cuprous oxide) will be produced, and this, remaining for a while suspended in the liquid, will make the latter appear almost opaque, by reflected light. If, however, the test solution undergoes no change on thus treating it with two or three drops of the urine under examination, we may be certain that no considerable quantity of sugar is present, but in order to demonstrate its *entire* absence it will be necessary to continue the addition of the urine, until a quantity has been added equal to half the bulk of the test liquid, and then apply heat once more. If any sugar whatever be present it will now show itself by causing a characteristic precipitate of the sub-oxide of copper—it may be, however, only in small quantity. But, if on the contrary,

sugar be entirely absent, no change in the test liquid will ensue, except a lightening of the color from the dilution, and the appearance of a white, flocculent deposit of phosphates floating about in the light, greenish-blue liquid. Care should be taken not to mistake this phosphatic deposit for one of the sub-oxide of copper; the former is white and flocculent, the latter yellowish-red and shows no disposition to form flocculi.

Such is the simple method of employing this test liquid, and if in using it an ordinary amount of care be observed, the result may be implicitly relied upon, which certainly can scarcely be said of the other tests for sugar in the urine.

If we wish to determine not merely the presence or absence of sugar, but its quantity also, we may, by the use of the test liquid as prepared above, arrive at very accurate results, employing the volumetric process, such as is used with Fehling's unmodified test solution in making quantitative determinations. But as this method requires considerable apparatus which practitioners seldom possess, and necessitates the expenditure of not a little time and skill, it becomes almost impracticable for ordinary clinical uses. But rough approximate results, which in the majority of cases are all that a physician has practically any need of, can be readily obtained by observing the amount of precipitate that two or three drops of the urine will occasion in a drachm of the test liquid, boiled in a test tube,—an abundant precipitate indicating a large amount of sugar, a slight precipitate a small quantity, and so on. We may by this means compare from day to day, or week to week, the amount of sugar in diabetic urine, and thus judge, somewhat crudely, it is true, of the progress of the disease and of the effects produced by the treatment employed.

We believe that this improved Fehling's test which we have just described somewhat in detail, is possessed of advantageous features found in no other test, and we are confident that almost every physician who will once employ it will be exceedingly loth to return again to any of the previously used methods, none of which can compare with it in simplicity, delicacy, and ease of application.

UNIVERSITY OF BERLIN.—According to the *Gazette de Cologne* there was a marked falling-off in the attendance upon the winter course of 1873 and 1874 in the Berlin University, especially noticeable in the medical department. This diminution is attributed to the increased advantages, not only at Leipsig, but also at Halle and many other Prussian universities, and particularly at Gottingen.

DR. GARABETTI (*London Lancet*) has obtained the best results from the administration of enemata of potass. brom., in doses from one-half to two drachms in cases of obstinate vomiting attending the pregnant state; the same drug, also administered in enema, has been very useful in the hands of Dr. Laborde, of Paris, in obstinate vomiting connected with disease of the stomach, liver, and intestines.—*Med. News and Library.*

Translations.

PROGRESS OF MEDICAL SCIENCE IN GERMANY.

By Edmund J. Doering, M.D.

I. Treatment of Diphtheria and Scarlet Fever, by Dr. G. Meyer (*Jahrb. f. Kinderheilk.*, vii, 4). II. A Case of Displacement of the Spleen, by Dr. Pirotais (*Arch. Med. Belges and Med. Centr. Zeitung*, No. 86). III. Intermittent Nightly Hæmoptysis of Consumptives, by Dr. C. Gerhardt (*Deutsche Z. f. pr. Med.*, No. 43, 1874).

I.

DR. MEYER is strongly in favor of the treatment of diphtheria with ice. Even in children under the age of one year he directs small pieces of ice to be put frequently into the mouth, followed, if possible, every minute or two, by a teaspoonful of ice water. The ice must be pure, and therefore ice artificially prepared is preferable. In severe cases the external use of cold, by means of an ice bag applied around the throat, is very useful. The author has found that by this mode of treatment the fever soon diminishes and the diphtheritic membrane is detached and expectorated. It is only in exceptional cases that the disease extends nevertheless to the larynx. In but one case the author was obliged, in order to reduce the temperature, to resort to cool baths. The latter he also found of great service in scarlet fever. Whenever the temperature exceeds 102° in scarlet fever the patient is to be placed for ten minutes in a bath of a temperature varying from 93° to 73°, according to the intensity of the fever. The effect of these baths in reducing the temperature lasts for several hours.

II.

Various causes may produce displacement of the spleen. These are either physiological, as the respiratory act, or morbid, as hydrothorax, ascites, abdominal tumors, and abnormal conditions of the splenic ligaments.

Different observers have reported interesting cases of this sort, viz.: Choisy, who found the spleen freely movable in the abdominal cavity; Matter likewise in the regio-iliaca and hypogastrica; Faudacy, in the inguinal region; Van Swieten in the pelvis, and, finally, Devergie, who found the spleen in the thorax after rupture of the diaphragm.

A sudden displacement of the spleen is of rare occurrence, on account of the strength of the ligamenta phrenosplenica and gastrosplenica, which are not easily torn, as can be demonstrated on the cadaver. But that it may occur, is shown by the following case:

A lady, thirty-five years old, who had always been healthy, was injured by a fall from a wagon, which produced great pain in the left hypochondriac region, vomiting, and inability to move. The attending phy-

sician found a tumor at the site of pain, to which he applied leeches and friction, with mercurial ointment, but the pain and vomiting continued.

The writer was called in to see her about six weeks after the accident occurred. On examination he found a somewhat movable, circumscribed tumor, in the left iliac region, six inches in length and three and a half inches in breadth. Pulse 80; temperature normal. He diagnosed the tumor to be the spleen and returned it to the left hypochondriac region, retaining it there by a compress and a firm binder.

After the reduction the pain and vomiting subsided. A few days later the patient was able to retain food and to leave her bed, to which she had been confined ever since the accident.

III.

Observation of the bodily temperature in phthisis pulmonalis discloses a number of interesting facts. It will be found that quite a number of patients are for a long time free from fever, while others again, from the slightest complication, have a high temperature. If the measurements are made frequently, about every three hours, one observes that the fever is of an intermittent type in the majority of patients. Toward the last stage of the disease in patients who are much exhausted, the morning temperature is often below normal, at times as low as 97° F.; not rarely the fever takes on a typus inversus for one or more days, *i. e.*, morning exacerbations and evening remissions. Jochman believes this to be due to complications. The author has observed this type of fever most generally in patients who did not rest well the night previous. He remembers especially one instance, when, after a severe thunderstorm during the night, more than half of the numerous consumptives in his wards showed an increase of temperature in the morning. The remission of the fever occurs generally during the hours from midnight till morning, the temperature rising in the forenoon and reaching its maximum height towards evening.

The daily chill of many consumptives corresponds to the rise, and the night sweats to the fall of the temperature. During the fever the vascular pressure diminishes, the arteries relax and widen, the secretions are diminished, and there is a retention of water in the system. Vice versa during the remission, the vascular pressure increases, the arteries contract, and the surplus quantity of water is eliminated in the form of profuse sweating. Now, in many consumptives, there is a morbid friability of the smaller blood-vessels, which are just able to resist the diminished vascular pressure during the fever, but not the increased pressure during the remission, hence rupture and hæmorrhage result. To this fact the author attributes the nightly attacks of hæmoptysis occurring in two of his patients for several nights in succession.

The patients were sleeping quietly and perspiring freely when they were suddenly awakened by a desire to cough, accompanied by the expectoration of bright red blood, varying in quantity from a tablespoonful to a small spittoonful. The average quantity each time was from three to six ounces. These hæmorrhages were distinguished by their regular return during the remission of the fever at

night, and the author therefore justly terms them attacks of nightly intermittent hæmoptysis. In the above cases the usual hæmostatics were given, as tannin in large doses, ergot, mineral acids and inhalations of the chloride of iron, but without success. The author then gave large doses of quinine with the view of breaking up the fever, in order to diminish the fluctuations in the vascular pressure. The result established the correctness of the author's views, for the hæmorrhages were thus stopped at once. A subsequent return of the hæmorrhage subsided likewise on the renewed administration of fifteen grains of quinine, given in the morning. One of the patients finally succumbed to the extension of the disease. The other regained sufficient strength to travel home.

The author also believes that hæmorrhages occurring during the remission of other fevers ought to be considered from this standpoint.

He has seen several cases of sudden death of very old men during the crisis of pneumonia, from cerebral hæmorrhage. The author therefore concludes that special attention ought to be paid to the proper elimination of the secretions during the crisis of pneumonia, and, when retarded, we should take into consideration the propriety of performing venesection.

Editorial Department.

THE EXAMINER FOR THE COMING YEAR.

THE present number of the EXAMINER is presented to our readers enlarged and in a new outside dress.

For three years past our volumes have contained more reading matter than any other three dollar journal in the country. A constant and steady increase in our subscription list has enabled us with the commencement of each year to increase somewhat the size, as well as to improve the style and character of our issues. For the coming year the semi-monthly numbers will be similar to the present, containing each thirty pages of reading matter. Sixty of our double column pages per month is fully equal to eighty pages of the ordinary octavo form. For any of the other medical periodicals giving this amount of reading matter the subscription price is placed at four or five dollars.

We have an active and efficient corps of assistants and contributors in the various departments, and shall commence the coming year better prepared than ever before to maintain the value and interest of our publication.

In order to sustain the very considerable increase in expenditure we ask, and confidently expect, that *all* of our *old friends and subscribers* will promptly renew their subscriptions at or before the commencement of the new year.

We shall adhere strictly to the sys-

tem of advance payment of subscriptions in all cases. A failure to renew, or to order the continuance of subscriptions after their expiration, is considered equivalent to a discontinuance. This is the only system upon which a periodical can be efficiently or successfully conducted, and in the end is much more satisfactory to the subscribers as well as the publishers.

Many new subscriptions for the coming volume are already arriving and we hope to commence the new year with an increase of at least one-half in our circulation. Let all of our friends speak a good word for the EXAMINER to the physicians in their own neighborhood, and they will easily obtain for us two or three new subscribers.

In our announcement of club rates we offer any of the three dollar journals at two-fifty; the four dollar journals at three; and the five dollar publications at four dollars, in connection with the EXAMINER. Those physicians who have been in the habit of subscribing for two, three or more journals, at full rates, will thus be enabled to save sufficient from the other subscriptions to make up the price of our journal.

We would also call attention to the fact that the new postal law, which goes into effect January 1st, requires us to prepay postage on all numbers sent to subscribers. The postage for the year will amount to fifteen cents. This amount we shall charge on to the subscription, and subscribers will please bear in mind the fact in forwarding their money.

Correspondence.

BELLADONNA vs. OPIUM.

EDITORS EXAMINER: The following case may be of interest as additional testimony of the efficacy of belladonna in opium poisoning.

Mr. P——, aged sixty-four, of delicate and feeble health, designing to relieve himself of the cares of this life, wrote his own obituary, gave directions for his secular affairs, bade good-by to his friends, swallowed eight grains of sulph. morphia, took to his bed, and considered himself ticketed out of trouble. He took morphia between the hours of 12 M. and 2 P. M.; was not discovered until 6 P. M. to be unwell, being alone until that time, and then considered to be only in a heavy sleep, and was allowed to remain until 9 P. M., when I was called. I saw him at 10, eight to ten hours after taking the morphia. I found him in a deep sleep; stertorous breathing; respirations eight to ten per minute; pulse 60, full and hard; almost total insensibility to external impressions. External irritants, violent agitation, cold douche, moving him about the room, supported by two strong men, he making no effort to support himself, were resorted to without any change from the deep

coma. Electricity and coffee were tried; very little coffee could be swallowed. Receiving no hope from the above I laid him upon the bed and gave him a large teaspoonful of tr. of belladonna, at 11 P. M. At the end of thirty minutes, finding no change, repeated belladonna. In twenty minutes, decided enlargement of the pupils, breathing better; hands and feet that had been cold and clammy, sweating, gave evidence of returning warmth. At 12 gave third dose of belladonna. 12.30, pupils twice ordinary size; pulse 80, much less in force and volume; hands and feet dry, breathing better; unable to make him give evidence of consciousness to external irritation. 2 P. M., gave one-half teaspoonful belladonna. At 3 P. M. pulse 100, moderate in force; breathing much better; ordered carb. ammonia, 5 grains in a little sweetened water, to be repeated every hour with beef tea, and instructions to keep him warm; left with orders to call me if any change before morning. At 7 A. M. found him breathing easy; would withdraw his hand from electro-magnetic current; drank cup of coffee; continued stimulants. At 12 M. would make efforts to answer questions; hands and feet warm; considerable prostration. At 2 desired to make water, and stood upon his feet to make the effort; did not pass any urine. Left him with instructions to continue ammonia and watch for any lack of circulation, to call me on any new development. Reported to have passed a quiet night; next morning insisted upon going to the table, and walked out and ate with the family, still showing great prostration. Having my time fully taken up, and assured I should be notified if not doing well, also a member of the family having visited me and reported favorably, I did not again visit him. At this time his medicine gave out. They, thinking he did not need more, did not report to me. During the following afternoon he showed great prostration; at 6 P. M. hands and feet cold, pulse reported very low. During all this time no medication was given. At 8 P. M. he died. I think the belladonna is entitled to the credit of having passed him over the stupor of the morphia, and that had suitable stimulants been given during the stage of nervous prostration, he would have recovered from the injury of the opium poison.

O. T. Maxson, M. D.

Waukegan, Nov. 15th, 1874.

Periosteal Flaps in Amputations.—Tizzoni believes that the results of numerous operations on animals and occasional examinations of the stumps of patients, justify him in making the following statements as to the advantage of periosteal flaps:

1. The operation is easily performed. At the present day, when pain and blood is spared the patient, it is a matter of small consequence if a little more time is consumed than usual. 2. The periosteal flaps retract considerably, but equally and without wrinkles. 3. These flaps will remain spread over the cut surface of the bone. 4. In twenty-four hours there will be a firm adhesion between the medulla and the flaps. Later, they consolidate with the bone. This early adhesion is of the greatest practical significance. It protects the medulla from the influence of the pus that may possibly form about the end of the bone.—*Riv. Clin. d. Bologna, Allg. Med. Central Ztg.*, 74, 1874.

Society Reports.

TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, NOVEMBER 23, 1874.

Reported by Ralph E. Starkweather, M.D.

DR. JOHN BARTLETT, President, in the chair.

Prof. DeLafontaine gave to the Society his views upon the hydrate of chloral in its action, together with details of experiments made by him and by Dr. C. P. Simon, upon rabbits, cats and sheep, by the hypodermic injections of chloral.

Prof. DeLafontaine thought that the hydrate of chloral diminished the available oxygen of the blood by poisoning the red discs by the carbonic oxide gas set free in the action of chloral. That a person frequently taking chloral hydrate suffers from its effects as he would from frequent venesection. In poisoning by chloral, the blood taken from the jugular vein before death is red as carmine; after death, for some time, it will not coagulate, and the condition is like that of one who dies from suffocation. The test by the spectroscope for the carbonic oxide was then given. If the blood is healthy there will be the two dark bands of absorption, yellow and green; if the blood has been poisoned by the carbonic oxide the bands will likewise be the same; but when treated by the hydro-sulphide of ammonium the two dark bands coalesce in the normal blood, but there is no such effect whatever in that which is poisoned. The chloral changes the form of the red discs; their shape is lost and they become elongated, shrivelled and rugose. Frequent use of chloral will ultimately ruin the health, as much so as the constant use of morphine.

Dr. Simon, in relating the experiments he had made, remarked that he was not quite of the same opinion as to the dangers of the hydrate of chloral as expressed by his friend Prof. DeLafontaine. The subject of anæsthesia and chloral and the experiments made by Dr. Simon and Prof. DeLafontaine were then discussed by the Society.

Dr. Owens reported a case which he had previously reported as recovered, in which the patient has since died.

It was an operation for the removal of a colloid multilocular ovarian tumor. The patient died from septicæmia. A chart of the pulse, respiration and temperature accompanied the paper, and also a report by Dr. Danforth on the microscopical examination of the tumor and its contents.

Dr. Hollister read an elaborate article upon the subject of catalepsy, illustrating the same by details of a case of rare interest now under treatment at the Mercy Hospital. The full details of this case will be published in an early number of the EXAMINER.

Gleanings from Our Exchanges.

CLINICAL LECTURE ON CROUP.

By Dr. H. Roger.

From Obstetrical Journal of Great Britain and Ireland.

M. ROGER had exhibited at a single clinique a great many more cases of croup than one would see in two or three years of private practice, where the disease is not so common as one might at first be disposed to think. What one often meets with in practice is *false* croup; for example, in Paris there are about one hundred cases per day, while the hospital is the ordinary theatre of *true* croup, and but rarely the refuge of false croup. The reason of this is easy to see; it is because croup without false membranes does not last, or lasts only a few hours, and the little patients, being suddenly attacked in the night, aré not sent to the hospital.

Croup, at Paris, is much more frequent than it was thirty or forty years ago; it is true that the population was then less by two-thirds than it is now, for in 1832 (the year of the cholera) the capital contained only 745,000 inhabitants. There exists, however, at the present time, a notable difference between the different kinds of croup; we have only to read the statistics to see that in membranous sore throat one out of every two patients dies, but in croup four out of five. We are, then, naturally impressed when we see so large a number of cases of croup. Apropos of this, M. Roger reminds us that when he was *interne* at the Children's Hospital, under M. Guersant, he saw during a whole year only four or five cases of croup. In the present day tracheotomy is performed about one hundred times a year, and M. Roger has seen even two hundred cases of croup operated on in a single year; at St. Eugenie's Hospital the number is still higher. Considering then, that there are on an average from two to three hundred operations annually in the two hospitals, we may conclude that there are about five hundred cases of croup. Formerly there were very few operations performed, three or four in the year. In the present day, however, the number of cures is greater.

Croup is a contagious disease which operates in epidemics of greater or less gravity, and which presents in different cases differences as to its history, its symptoms, and its form. To illustrate this M. Roger presented six little patients whose cases in more than one particular excited some interest. The first case was that of a little girl suffering from typhoid fever, who had been seized with membranous sore throat, which threatened to become croup; the second was a boy in M. Labric's ward, who was attacked with croup and measles at the same time; then another little girl and another little boy, operated on on the 9th April; in these cases the illness had begun by sore throat which became membranous, followed by croup. Then came a boy who had been operated on on March 31st, and who went on as well as possible. Lastly, a little girl, cured of croup, but who was at the time suffering from pneumonia, which came on during her convalescence.

What does clinical observation teach us? That there is a false croup and a true croup. False croup is simple inflammatory laryngitis, shown by the redness of the laryngeal membrane; in the more severe cases it is complicated by œdema, but *there never exist what are called false membranes.*

What then is true croup? We must begin by explaining certain words. It has been said that there are two kinds of croup, *inflammatory* or *strangulatory*, and *common* croup. This last is not a satisfactory name, and is inexplicable by any clinical observation. It is, in fact, the same with croup as with scarlet fever, for example, in which we admit two degrees but not two kinds of scarlet fever. In croup, says M. Roger, the degree of poisoning is in proportion to the length of the false membranes.

Localized Croup has also been called *herpetic croup*. This word gives an incorrect idea of the thing; the mistake consists in trying to make a variety of it; it would be better to call it a *mild* form, in opposition to the *generalized* or *malignant* form.

Croup is very variable also in its mode of generalization, whether there exists a laryngeal, or pharyngeal, or bronchial lesion; sometimes there is also coryza or sore throat. This croup has been called *infectious* or *toxic*. What constitutes the gravity of the disease is not, properly speaking, the false membrane, for the operation does away at once with that obstacle, but its reproduction and propagation.

Croup may be *primitive* or *secondary*. Secondary croup occurs in the course of a disease already existing, and has evidently a pathological connexion with the first illness. It may succeed *measles*, in which the laryngeal-bronchitic element has been predominant, and in which children are sometimes attacked by severe laryngo-bronchitis, which may become transformed into secondary croup. In the same way, in scarlet fever, there is a scarlet-fever sore throat, membranous, which sometimes, though not often (as Trosseau and G. See have observed), by invading the larynx, may become secondary croup. In the case of the little patient in M. Labric's ward it is not one of secondary croup, because the croup and the measles appeared at the same time: the false membrane was first seen March 30th, the croup, properly speaking, on the 8th April, measles having shown itself on the 4th April. How shall we name the other forms of croup, which appear as complications; for example, that in typhoid fever, where no pathological relation can be said to exist between the two diseases? In these cases the croup is quite accidental.

It remains, then, to find out what epithet should be applied to the croup which succeeds severe membranous sore throat, and which is, in fact, characterized by the extension of the false membranes to the larynx. M. Roger calls it *successive* and not *secondary*. The same thing may be said of the croup, which begins by a membranous coryza, the plastic productions invade the larynx equally in this case, and it is again the same process of intoxication.

Etiology.—Croup is a *specific* and contagious disease. This definition justifies all the causes attributed to the disease. Forty years ago *cold* was said to have a great share in its production; that notion is true in so far that in the cold season croup often assumes a more serious character, being complicated with inflammation of the respiratory organs. Thus, at the present moment, (April,) instead of twenty-five per cent. as the proportion of cures, we find thirty and even forty per cent. Season and climate, however, have no absolute influence; as examples of this we may cite the epidemics which took place in the seventeenth century in Spain and Italy, and the Syrian ulcer described by Aretee, of Cappadocia. (In Cappadocia the thermometer marks 38° C. in the shade.) If misery has any influence in determining croup, it is owing to the crowding, the packing up, if one may say so, which results from it, and which constitute the most favorable conditions for contagion. *Sex* has no influence on croup. *Age*, on the contrary, has certain privileges in this respect. Although a person of any age may have croup, children are the most often attacked, and that principally between three and four years of age. In second childhood croup is rare;

and it is quite the exception with adults.

As for the *contagiousness* of croup, it is very great and only too evident, and more evident in town than in hospital. Let us take as an example one personal experience among a thousand, related by M. Roger. He was called to Boulogne-sur-Mer to see a child attacked by croup, but arrived an hour too late, as the child was dead. The ordinary medical attendant, a very able practitioner, former *interne* at the Children's Hospital, had taken the precaution of sending the other two children to Paris. The father also returned to Paris, and, notwithstanding the time (fourteen days) that had elapsed since the death of the first child, the other two children were attacked with the disease, and carried off in a few hours. Have we not had the grief of numbering also among its victims some of our illustrious masters—Gillette, Valleix, the son of M. Blache? to these names, whom we may designate the children's doctors, respect imposes on us the duty of adding another compatriot, the son of M. de Salle, an esteemed practitioner of Chalon-sur-Marne, who died a victim to his devotedness. Mothers are not exempt from the membranous sore throat and the croup of their children; after them come the nurses; lastly, more rarely it is true, the fathers take the disease.

Forms and Symptoms.—Croup presents three forms for consideration—the mild form; the *medium* form, which is the most common; and lastly, the *toxic* form—toxic from the onset, or rather in which the poison is evident.

M. Roger, in studying the symptoms of this affection, has no intention to describe them completely, nor to enter into every detail of the symptoms, but merely to speak of the more salient points and to dwell only upon those which are of importance in a clinical point of view. It is an easy matter to recognize mild croup from the grouping of the symptoms; it is the same in this respect with toxic croup, as the phenomena of poisoning are very recognizable: medium croup, on the contrary, offers certain difficulties, certain snares which are to be avoided, and of which it is well to be forewarned.

It is all-important to distinguish with care the *first period*—that is to say, the *anginous period*, for croup suddenly setting in is rare. Bretonneau used to say, very rare; but the proportion which he has set forth, one in twenty or thirty, is exaggerated. We would give the ratio as one or two in ten; this croup commences in the larynx, especially if it succeeds measles; one can understand that in this case the poison has so much the greater hold, as the mucous membrane is already affected.

The anginous period is almost invariable, and is characterized by the usual phenomena of sore-throat: *a little pain* in the throat (it is necessary to bear in mind that amongst children *sore throat is not painful*), some *redness* and *cough*, and a slight *dyspnœa*. This period is, so to say, latent, and passes in general unperceived by the patients. Sometimes one discovers *false membranes*, which are then situated on the internal face of one or both tonsils, and which consist of patches more or less extensive, which are to be distinguished from the pultaceous or caseous exudation of ordinary sore throat or tonsilitis. What puts one on the track of the disease is *adenitis*: the submaxillary glands, those at the angle of the lower jaw, and even those of the lateral and posterior cervical region are tumefied. The cough presents nothing particular, it is the cough of simple bronchitis. This period lasts two or three days.

Then come the phenomena of the *laryngeal period*; the poison of the throat is at the larynx. An *attack of suffocation* serves as prelude, and makes us think of croup. The *cough* is *hoarse*, *broken*, a little *rough* and metallic.

The *voice* is *suppressed almost suddenly* (a characteristic sign). The *respiration* gives some important characters of recognition: it is *slow*, *pain-*

ful; the chest heaves, the nostrils dilate, there is, in a word, *forcing* of the breath. A sign which is of great value is *noisy respirations*, audible at a distance, rough, at first intermittent, and which the change of position causes to cease, but continues more and more, and which exists no longer in inspiration only, but also in expiration. This is what is called *sawing laryngeal wheezing* (*sifflement laryngé serratique*) which becomes more and more manifest in the proportion in which the disease makes progress. Stethoscopic signs are absent; auscultation of the larynx elicits nothing else but a snoring; and there are, perhaps, few practitioners who have heard the *flapping sound* (*bruit de drapeau*) which M. Barth points out; M. Roger, for his part, has never heard it. In *auscultation of the chest* it is difficult to hear the minute vesicular sound, which is almost totally extinguished by the laryngeal snore. As for the rest, the air reaches the lungs in small quantity, and seems to pass into a contracted orifice.

There are tolerably simple means of distinguishing the true from the false croup. Thus, croup never commences all at once, but after two, three, or four days of prodromata. Œdematous or erythematous laryngitis on the contrary, commences directly with laryngeal symptoms; between midnight and one o'clock in the morning the cough resembles a sort of barking, the voice is retained, and the respiration is free in the intervals of the attacks. Sometimes this laryngitis is more intense, and the attacks become more continuous, the fever is considerable, but the voice is not completely extinguished as in the true croup. Finally, by auscultation, one cannot perceive the absence of the vesicular murmur.

What are *diseases which can still simulate croup?*

1. *Œdema of the larynx;* but it is exceedingly rare amongst children, and by the examination of the superior part of the arytenio-epiglottic folds all doubt is removed

2. The introduction of *foreign bodies*, such as a cherry-stone, a bean, &c.: but there is no fever; besides, recollection comes in aid, as well as the other signs of which we have spoken.

3. *Retro-pharyngeal abscess*, which gives rise to these symptoms—cough, fever, difficulty of respiration, suffocation; but the examination of the throat suffices to put an end to all idea of croup.

PUERPERAL INSANITY.

By W. W. GODDING, M.D.

THE vagaries of lunacy, the varying phases of mental delusion, are interesting enough as a diversion, but are of very little concern to the practitioner. That "It pleased God to form poor Ned a thing of idiot mind" hardly arrests our attention beyond the passing wonder why He made him at all; but the question, What can I do with puerperal insanity? may any hour in the day become a practical one to be decided by any one of us. Given a case: what will you do with it? Cases of puerperal mania in the great majority of instances either die within the first two or three weeks from exhaustion with typhoid symptoms, or recover somewhat rapidly, the excitement subsiding at the end of a few days or weeks, rarely continuing months. The exceptional cases neither die nor recover, but pass into chronic dementia. In the onset of the disease there are usually some slight premonitions of a wandering mind, but the nurse

does not always remark them, and the explosion follows so soon that an outbreak of violence or destructiveness or obscenity may be the first intimation of what has happened. You find your patient up, walking about the room, or held in bed by two or three strong women, or, it may be, she is lying still, tearing her clothes, swearing, or pouring out a stream of obscenity so foul that you wonder how in her heart of hearts such phrases ever found lodgement. Now what will you do with her? Many answer by promptly sending the case to a hospital, which I have no doubt is very often the best and only thing that can be done, though I have wondered if my considerable experience with typhoid exhaustion had any connection with this promptness. It is certainly to be gravely considered, whether in the first few days after confinement the risk of removal to a hospital at any considerable distance does not more than counterbalance any possible greater benefit to be derived from hospital treatment. Consider, too, before you send to the hospital, that that is a step which once taken can never be recalled out of her life. Treat the case at home, and should it terminate fortunately, the excitement subsiding in a short time, the memory of it in the minds of friends will be of a sickness with some delirium, a little queer as women often are after confinement. Send to the hospital, and, though recovery is rapid and satisfactory, and the woman herself has rather a pleasant recollection of her convalescence, as is generally the case when the recovery is complete, still, she has been insane, and this is never forgotten by her friends or her children; henceforward there is a certain dread of what may be in the future, a skeleton in the closet, not mentioned but always there.

So, the circumstances and condition of the patient justifying, you decide to attempt the treatment at home. You want good nurses who will not gossip, and who are not afraid. The points to be gained are rest in bed, sleep, nutrition. But your patient will not stay in bed; then make her do so. Do not wear out her strength and the patience of your nurses; provide a strong brown linen waist, made full in the bosom, fastening behind, with the sleeves closed at the end and prolonged a yard beyond the hands, then you have something soft and strong that can be tied together behind the back; sometimes you will not need to keep it tied; sometimes, even when tied, she will keep struggling out of bed, and it is a constant exertion for the nurse to keep her in; then pass sheets under the arms and lash her to the bed. Have no nonsense about the looks of the thing; here is one of the cases where "the life is more than raiment." Remember, it is a woman's existence you are trying to save, that typhoid exhaustion is waiting for you if you let her wear out her strength. Perhaps when fairly secured in bed she will go to sleep; that is the best possible result if it comes without hypnotics; if not, perhaps food will bring it. There is an imperative demand for a good supply of easily assimilated nourishment. The patient usually takes it irregularly, but tact on the part of the nurse will generally insure its being taken without forced feeding. Milk I have found about as well taken as anything, which reminds me to say here, entirely out of connection, that you need have little concern about the milk in the breasts; a broken breast is the rarest event in puerperal mania; conservative nature closes this drain on the system at once without your interference.

But you do not get sleep with the administration of food, or from the horizontal position in bed; what then? You have bromide of potassium, chloral hydrate, morphia, including subcutaneous injection of the latter. I would try them in full doses in the order I have named. If they succeed, and they often will partially at least, well; if not, do not overpower the strength by cumulative doses of narcotics, they will not generally give what you are seeking; but darken your room, keep your nurses

back, maintain the horizontal position, and dare to wait. It is wonderful how long sometimes the insane will live without sleep, and still recover. Watch the strength; if that keeps up, and the tongue and mouth are not very dry, food is better than stimulants. You will not, however, send away all the brandy simply because the woman has recently been confined. Milk punch will sometimes give the sleep you are seeking. Convalescence will not necessarily follow sleep; sometimes there is a fair amount of sleep from the start, but the excitement goes on. In most of these cases I have considerable faith in bromide of potassium, in doses of twenty grains, three times daily. I often give it with compound tincture of cinchona where there is lack of strength.

After you get the sleep, remember that a little time is almost always needed before much or any improvement appears; but, no improvement showing after several days, you may then fairly feel that it is better to send to the hospital. Then state to the friends that the case is likely to be of some weeks' continuance, and when decided to remove, the sooner it is done the better. Your patient can probably travel with less risk than a week earlier, and you will have the consolation of having given the case a fair trial at home, and in many cases will, I think, have the satisfaction of seeing it recover there.

ANÆSTHETICS.

From The Doctor, Nov. 1, 1874.

IN our last issue we gave an account of Nelaton's treatment of chloroform narcosis, as related at the Norwich meeting of the British Medical Association in papers by Dr. Marion Sims and Sir J. R. Cormack, M.D.

In the same section (Surgery) there was also read a paper "On the Administration of Laughing Gas and Ether, singly, or combined in any Proportion desired," by Mr. J. T. Clover, whose apparatus possesses great advantages.

The pungency of ether-vapor, when not largely diluted with air, and the frequency of violent delirium when it is so diluted, were spoken of as serious objections to its use. Mr. Clover's apparatus supplied, first, pure laughing gas, which was not unpleasant to breathe; and afterwards, by turning a dial on the face-piece, supplied ether-vapor gradually. This was done with the hand which held the face-piece, and consequently the other hand was at liberty to feel the patient's pulse. Less ether was required than when no gas was used; consequently, less of it was absorbed by the tissues of the body, and recovery from the effects of the anæsthetic took place more quickly and with less intoxication.

Mr. Lawson Tait differed from Dr. M. Sims as to the cause of death from inhaling chloroform being due to cerebral anæmia. He thought it more probable that the explanation lay in some poisoned condition of the blood. There was no evidence to show that death from chloroform ever occurred to an infant or to a woman during labor.

Dr. Humphry thought the administration of chloroform greatly increased the responsibilities of operative surgery; and there were few surgeons who had not experienced that dreadful suspense in cases of chloroform narcosis where death appeared imminent. He thanked Dr. Sims for the additional hint as to what to do in cases such as these. Dr. Humphry thought that allusion had not been made to those cases where death took place at the early part of the administration, preceded

with violent convulsions. He considered that such cases could not be attributed to cerebral anæmia, and he agreed with Mr. Lawson Tait that an explanation was to be sought in some altered condition of the blood. He suggested that nerve exhaustion might explain this, violent excitement being followed by correspondingly intense depression. He had observed, in cases of death following upon chloroform narcosis, that the blood was of a consistence like treacle.

Mr. Baker mentioned that he always gave the patient a dose of brandy before proceeding to administer chloroform, with very good effect.

Mr. Lund alluded to the importance of always having at hand, when administering chloroform, means for applying galvanism, and illustrated this by cases which had come under his notice at the Manchester Infirmary.

Sir J. Rose Cormack attached less importance to inversion than Dr. Marion Sims, and thought it would be a dangerous mistake unduly to exalt its efficacy. In cerebral anæmia from any cause, the patient ought, as a rule, to be placed in the horizontal position, with the head low and the feet raised about a foot. The cases in which inversion is called for are rare—quite exceptional. It ought, moreover, to be performed most carefully and watchfully—tentatively, in fact. Too long continued inversion may prove very dangerous by causing distention of the right side of the heart, which will in turn cause and maintain a cessation of its contractions—which causes death in a certain class of cases of chloroform inhalation. This and other poisons, such as creosote and prussic acid, given in large doses, produce instantaneous paralysis of the right side of the heart; the auricle goes on receiving blood and is unable to get rid of it, so that by distention the paralysis (which in some cases would be only momentary) is rendered permanent; the result is probably that instant or very rapid death to which the French apply the term *sideration*—death by star-influence. This subject of quick death from sudden distention of the right side of the heart, he had investigated experimentally many years ago, and he still held to the views he had then published. Touching Mr. Clover's apparatus, it was unquestionably a most admirable invention, but its cost and complexity must prove fatal to its introduction into general use. It will be a great source of safety when the administrator is a steady, watchful man, familiar with the system and the instrument. On the other hand, it is apparent at a glance that negligence or hardihood might readily cause an untrained or self-sufficient administrator to turn the valves too much, too little, or not at all. The induction of complete anæsthesia for surgical operations can never be divested of all danger; but (in theory at least) by Mr. Clover's method the danger may, it would appear, be reduced to its minimum. Slow administration, using the conically arranged towel, and letting plenty of air be breathed, generally secure immunity from danger; and, under all circumstances, such precautions and appliances can be commanded. When cost and complexity are not objections, and when Mr. Clover's apparatus and a person who knows well its use are at hand, it ought to be employed. The remark which was made by Mr. Baker was of great importance—viz., that a moderate stimulant, a dose of wine or brandy, given shortly before the commencement of inhalation, greatly tends to prevent the anæsthetic vapor from producing a too depressing influence on the heart.

THE ACTION OF ANÆSTHETICS ON THE RED CORPUSCLES OF THE BLOOD.

In connection with the papers above noticed, it may be well to draw attention to Professor Huter's views, as stated in an article on stasis and embolism of the blood-corpuscles, published in the *Deutsche Zeitschrift fur Chirurgie*, and of which a *precis* has appeared in the *British Medical Journal*.

Professor Huter first refers to the

changes which the red corpuscles of frog's blood, removed from the body, undergo, on the application of various physical and chemical agents, such as glycerine, ammonia, carbolic acid, chloroform, cold, and heat. These changes, which vary in degree, but are essentially the same in character, consist in notchings and angular irregularities of the corpuscles, often reaching as far as the centre; folding together of the membrane of the corpuscles like a paper envelope; rounded forms are also observed; and sometimes there is nothing left but a nuclear structure, consisting, like the white corpuscles, of fine granules, and distinguishable from the white corpuscles only by its small size and frequently by its oval form. When the above-mentioned agents are applied to the frog's mesentery, this becomes reddened, and microscopic examination shows that the redness depends on dilatation of the vessels combined with a complete stasis of the corpuscles. The idea that this appearance can be explained by the action of the re-agents on the walls of the vessels is contradicted by the rapid occurrence and equally rapid disappearance of the stasis; the phenomenon is rather to be explained by the purely mechanical action of the changes induced in the red corpuscles by means of the various agents, even when applied to the epidermis. Under the microscope the corpuscles can be observed to become indented; first one, and then another, remains hanging on to the walls of the vessel, until at last all the capillaries in the irritated region, and even the adjacent small arteries and veins, are filled with notched red corpuscles (globular stasis). Both during the existence of the stasis, and especially during its rapid breaking up, single altered corpuscles, or large masses of them, may pass into the circulation, and, adhering to the walls of the vessels in other organs, again produce a stasis (globular embolism). This embolism does not lead to the form of distinct embolic plugs, but to diffuse multiplication of stases of corpuscles through the whole circulatory system; for the masses of corpuscles which pass into the circulation readily break up on meeting with any obstacle. The occurrence of embolism from blood-corpuscles in parts where certainly no change in the vessels has occurred, gives a certain degree of support to the assertion that the cause of globular stasis is to be sought in the change of condition of the red corpuscles.

In a pathological point of view, Huter attributes great importance to the stasis of the corpuscles. He believes, in the first place, that irritants act essentially by producing stasis in the region to which they are applied; and that thus the inflammation induced by such means cannot be used in the explanation of the complicated phenomena of ordinary inflammations.

He maintains, further, that these researches are of great importance as regards pharmacology and toxicology. It is already known that many poisons, even those which do not act directly as blood-poisons, produce changes in the blood-corpuscles; and hence it may be supposed that they first produce changes in the form of the corpuscles, then globular stasis, and thus mechanically and indirectly lead to further changes. In experiments on frogs, it was very remarkable that all the agents which induced globular stasis also acted as anæsthetics; this is attributed by Huter to the formation of embola of red corpuscles in the brain. In this way he explains the action of anæsthetics, such as chloroform, ether, and alcohol, the anæsthetic power of which is in proportion to the amount of change of form which they are capable of producing in the red corpuscles. The corpuscles of chloroformed rabbits showed very irregular forms; a notched contour, frequently with one or two large club-shaped processes. After anæsthesia with ether, the corpuscles were mulberry-shaped. After alcohol, there were only slight indentations, and these could be observed in the stage following intoxication both in rabbits and in man. It fol-

lows from these observations that the administration of chloroform by inhalation is bad, as in this way the blood-corpuscles are altered while in the lungs, and globular stasis may be produced in these organs. Frogs can be brought into a state of anæsthesia by the action of chloroform-vapor on the skin of the thigh, while at the same time the part where the application is made assumes a redness which cannot be removed by pressure; and the blood-corpuscles removed from this part show the same changes (club-shaped processes, &c.) as in rabbits. This condition is present in the so-called chloroform-erythema which is often observed, especially in tender-skinned individuals. The beneficial action of lowering the head and raising the legs in cases of apparent death from chloroform, may be explained by the more easy breaking up of the globular stasis in this position, as the following experiment shows: The tongue and web of the foot of a chloroformed frog are spread out on a glass plate. If the animal be held for some time with the head upwards, extensive globular stasis will be observed in the vessels of the tongue, while the process is only beginning in the web; when the position is reversed, stasis sets in at once in the web of the foot and disappears from the tongue. Does the weight of the blood in the most dependent parts aid the slightly adherent corpuscles to pass through the vessels? In any case, it seems clear that chloroform is a very dangerous agent, in consequence of its strong action on the blood-corpuscles, and that therefore ether, the action of which is less powerful, is to be preferred as an anæsthetic.

If Huter's explanation of the cause of the anæsthetic action of the substances mentioned be correct, nearly everything which produces globular stasis must also be capable of producing anæsthesia by the formation of globular embolism in the brain; and thus it would seem that even warm baths, perhaps with the addition of easily diffusible agents, might be also used to produce anæsthesia. A frog was immersed for twenty minutes in a five per cent. solution of common salt at the temperature of the room, and was anæsthetized, with the production of globular stasis over the whole skin.

The application of carbolic acid is proper only in the first stages of the treatment of wounds. After the formation of granulations has taken place, it produces permanent stasis of the corpuscles in their vessels, and thus hinders the growth of the granulations as well as the formation of epidermis.

ACUTE RHEUMATISM; PERICARDITIS; SUDDEN AND RAPID EFFUSION INTO PERICARDIUM; PARACENTESIS PERICARDII; RECOVERY.

From London Lancet, November, 1874.

W. L——, aged twenty-five, married; a plasterer. Has had four attacks of "rheumatic fever" during the last three years, but does not know that his heart was affected in any way. Has not complained of shortness of breath, and has had no difficulty in getting about. Has been ailing for the last nine months, but did not lie up till three weeks ago, when pain in the hips came on, and he has been obliged to remain in bed since.

Admitted March 13th, 1874. Complains of feeling sore all over. He is unable to move without pain, but no articular swelling is visible. Perspires freely. Has a depressed expression, and lies on his back. Temperature 102-6°; pulse 108; respira-

tion 32. Complains of pain in the cardiac region on drawing a deep breath. A friction sound is audible over the base of the heart, and a prolonged blowing sound at the apex. There is no increase of cardiac dullness. The urine has a specific gravity of 1025; it is slightly acid, but free from albumen. Ordered six leeches to be applied to the cardiac region, and to take an alkaline mixture every four hours.

14th.—Friction sound at the base less distinct. Temperature 101-2°F.; pulse 92; respiration 28. There is slight effusion into both knee-joints, and tenderness about the ankles. The precordial pain relieved.

23d.—The friction sound still audible. Ordered some blistering fluid to be applied over the base of the heart.

24th.—A loud double friction sound audible over the whole cardiac area, but no increase of cardiac dullness.

25th.—Was taken suddenly in the night with acute precordial pain and dyspnœa. At midday the pain was unrelieved, and dyspnœa considerable. Pulse small and weak, 130; respiration 44; temperature 100° F. Cardiac dullness extends to the second interspace; no cardiac impulse to be felt; heart's sounds scarcely audible; no friction sound. Lips, fingers, and toes looking blue; no impairment of consciousness, but dyspnœa very urgent. Paracentesis pericardii was considered necessary, as nothing short of the removal of the fluid from the pericardium seemed likely to restore the rapidly weakening power of the heart. Accordingly Mr. Charles Steele was called in consultation, and immediately proceeded to perform the operation. One of the larger sized tubes of Dieulafoy's aspirator was plunged through the skin and chest-wall at a spot between the fourth and fifth ribs and half way between the middle line and the nipples on the left side. Several ounces of perfectly clear serous fluid were then drawn off by suction, but the fluid gradually became more and more colored till it appeared to be mere blood. After ten ounces of fluid had been withdrawn, the tube was removed, and the aperture closed with strapping. The area of cardiac dullness had considerably diminished and the dyspnœa was much relieved for a few minutes, but the dullness increased again in about ten minutes, though not to the same extent as before the operation, and he still had considerable difficulty in breathing, but the pulse was stronger than before. It was presumed that some hæmorrhage into the pericardium had taken place, as the last few ounces of fluid looked like undiluted blood, and the whole quantity of fluid became a coherent mass of coagulum after standing. In the evening he breathed more easily. The pulse was 124, fuller than before the operation; respiration 44; temperature 103° F.

26th.—Pulse 124; respiration 36; temperature 101°, morning.

28th.—Pulse 116; respiration 32; temperature 100. The left wrist was painful and swollen; he perspired very copiously; pericardial dullness less; respiration easy.

On April 2d he was free from pain and slept well. On the 7th he was not so well. Pulse 112; temperature 99-6°. Did not complain of pain; could draw a deep breath without difficulty; cardiac dullness normal; a slight systolic friction sound audible at the base of the heart.

On May 19th he was discharged, the heart's sounds being normal, the area of cardiac dullness not enlarged. He was still weak, and the pulse was rather small, soft and quick.

On July 6th he was doing his regular work without much difficulty.

IODIDE OF POTASSIUM IN ACUTE AND CHRONIC BRONCHITIS AND ASTHMA (*The British Medical Journal*, September 5, 1874).—Mr. W. H. Spurgiss has used iodide of potassium in over one hundred cases of the above diseases, and with invariable success, now rarely giving anything else.

GALVANO-PUNCTURE AT THE WESTMINSTER HOSPITAL.—On Tuesday last (July 14th) the operation of galvano-puncture was performed on a man aged thirty-eight, under the care of Dr. Anstie, for an abdominal aneurism supposed to be connected with the cæliac axis. The patient first noticed a pulsating swelling in the left hypochondriac region ten weeks ago. A fortnight afterward he applied at the hospital and was admitted, and was kept at rest in bed. The aneurism was at first treated according to the plan recommended by Langenbeck, by the subcutaneous injection of ergotin. Bonjean's ergotin was injected seven times, at intervals of about two days. Altogether, thirty grains were used, but without any definite effects except on the first occasion. Galvano-puncture was therefore determined on. Accordingly, on Tuesday last, two needles, insulated with vulcanite up to three-quarters of an inch of the points, were introduced into the aneurism at the most prominent part, and were then connected with the positive pole of the battery, which consisted at first of twelve Bunsen's cells, subsequently reduced to eight. The current was kept up for thirty minutes, during which time the patient suffered acute pain. Both needles were then cut short and left in the aneurism for twenty-three hours, when they were removed on account of the redness and discoloration of the skin. The day after the operation the aneurism was firmer, and the pulsation appreciably diminished, the patient being quiet and composed. A subcutaneous injection of a third of a grain of morphia was given on the night of the operation, and another injection on the next morning. The patient continues in a very satisfactory state, and when the case is more advanced we shall give in detail the ultimate results. —*London Lancet.*

NEW RESEARCHES ON DIABETES.—We learn that Dr. Pavy has obtained some experimental results which are likely to throw a new light on the subject of diabetes. He has found that the injection of defibrinated arterial blood into the portal system occasions a saccharine state of the urine. In one experiment, the urine after the operation contained fifteen grains of sugar to the fluid ounce, and in others the quantity has amounted to nearly the same. In the counterpart experiment of injecting defibrinated venous blood into the portal system, the urine showed no signs of the presence of sugar. It thus appears that oxygenated blood passing to the liver causes an escape of sugar from the organ, and thence an accumulation in the system and discharge with the urine. It also appears that through the medium of the respiration of oxygen he has succeeded in inducing a sufficiently oxgenated state of the blood to similarly give rise to the production of saccharine urine. He has further found that through the agency of the inhalation of puff-ball smoke an immediate and strongly diabetic state may be induced, and that the effect is accompanied with such a modification of the circulation that the blood flows through the vessels, as is the case after section of the sympathetic, without becoming de-arterialized. His experiments. he considers, suggest that in diabetes of the human subject, the blood, in consequence of vaso-muscular paralysis, is allowed to reach the portal vein in an imperfectly de-arterialized condition, and thus determines the escape of sugar from the liver. We understand his results are to be brought forward at the Royal Society as soon as its meetings commence.—*Ibid.*

LOCAL ACTION OF IPECACUANHA (*The Practitioner*, September, 1874).—Dr. De Mussey records a case of purulent ophthalmia in a new-born infant, in which, after all other remedies had failed, he succeeded in producing a cure by the use of the following decoction:

℞	Ipecac root,	ʒ ss
	Water,	ʒ v.

Boil for ten minutes, and, when cool, strain off.

Book Reviews.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by H. Von Ziemssen, Prof. of Clinical Medicine, Munich, Bavaria. Vol. 1, Acute Infectious Diseases, by Prof. Liebermeister, of Tubingen, Prof. Liebert, of Breslau, Dr. Haenisch, of Greifswald, Prof. Heubner, of Leipzig, and Dr. Oertel, of Munich. Albert H. Buck, Editor of American Edition. New York: Wm. Wood & Co. Sold only by Subscription. W. T. Keener, Agent, 94 Washington Street, Chicago.

Will be reviewed in an early number of the EXAMINER.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY, 1874.

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TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twenty-fifth Annual Session, held at Easton, Pa., May, 1874. Pp. 450.

TRANSACTIONS OF THE NEW HAMPSHIRE STATE MEDICAL SOCIETY. Eighty-fourth Anniversary, held at Concord, June 9th, 1874.

THE LEGAL RELATIONS OF EMOTIONAL INSANITY. By L. Howard, M.D., of Baltimore, Md. Extracted from the transactions of the American Medical Association.

TREATMENT OF ZONA BY COLLODION AND MORPHIA.—Dr. Bourdon, Hopital la Charite, after having tried a great many local means for treating the above disease, and checking the intense pain, has definitively adopted the following plan:—Without opening the vesicles, he paints all the diseased surface with a combination of collodion and morphia—collodion one ounce, morphia eight grains. The mixture must be put on pretty thickly. The pain ceases from the second day, and at the end of seven or eight days, when the layer of collodion is removed, all the vesicles have disappeared, and there remains only a slight local redness.—*Canada Lancet.*

PETRIFACTION VERSUS CREMATION.—Dr. Steinbeis, of Wurtemburg, proposes to dispose of the dead by placing the body in a trough of cement, and then filling the space with liquid cement, which will harden and convert the whole into a solid mass of stone. The blocks thus obtained may be piled up, buried, or inscribed and set up to do duty as both tombs and tomb-stones. This method, if generally adopted, possesses some advantages for posterity, as future generations would probably use the obsolete blocks for building material.—*New York Medical Journal.*

DR. HAMBERG, of Stockholm, has lately been engaged in making a series of experiments on the poisons exhaled by certain wall papers. As with ourselves, arsenic is the poison most to be dreaded.—*London Lancet.*

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Original Communications.

CLINICAL CASES IN THE MERCY HOSPITAL, INVOLVING OBSCURE NERVOUS AND CEREBRAL SYMPTOMS, AND CONSTITUTING THE SUBJECT OF A CLINIC BY PROF. N. S. DAVIS.

CASE I.—R. M——, a native of Ireland, aged forty-seven years; married; medium size, well-proportioned, and accustomed to work in the stone-quarries for the last fifteen years; was admitted into the medical wards of the hospital yesterday.

History.—He states that while at his accustomed work in the stone-quarry, during a hot day in summer, *fourteen* years since, he had a partial *sunstroke*, sufficient to nearly interrupt consciousness for a few hours. He recovered sufficiently to resume his work in a few days, but there has remained a numbness and a sense of tightness in the scalp over the top of the head, ever since. He describes it as a feeling that prompts him to frequently rub the scalp and pull the hair, and inspection shows that along the sagital suture, from the anterior to the posterior fontanelle, the hair looks worn off and the skin thickened by long-continued rubbing. With the exception of a few attacks of ague his general health continued sufficiently good to enable him to follow his laborious occupation with little or no interruption until within the last year.

About one year since he began to feel a sense of heat and burning in the scalp over the top of his head, with occasional sudden shocks, like slight electric currents, through the face and head. During the last three months this burning in his head has become constant, and his appetite and strength have steadily declined.

Present Condition.—Expression of countenance anxious and care-worn; lips dry; pupils small; skin generally rather dry and harsh;

tongue thin, a little red at the tip and edges, with a thick whitish coat over the upper surface; pulse 90 per minute and soft; body temperature 100° F.; urine scanty and rather red; bowels inactive; some thirst but no appetite; respiratory movements variable but not hurried; no cardiac or respiratory sounds of an unnatural character; and walks like one afraid of falling. He now complains constantly of a terrible burning pain in the top of his head; burning sensations in the front part of his legs, below the knees, especially at night; some muscular twitchings; inability to sleep; and once or twice each day he gets a violent shock which he says "knocks him down entirely." He describes this shock as a *rush* from his chest upward through his neck and face to the top of his head, accompanied by a partial suspension of consciousness, compelling him to lie down immediately or fall. He claims not to lose his consciousness entirely, nor to have any well-marked spasmodic action of the voluntary muscles. The severe symptoms of shock last but a few moments, but he remains weak, timid, and complaining severely of the pain in his head three or four hours. I cannot learn that these paroxysms are preceded or accompanied by any indications of chilliness, or that they come at any regular hours, although he says they are most frequent in the mornings and evenings.

Pathology.—What are the pathological conditions involved in this case? That the assimilative, excretory, and nervous functions are in a morbid or generally disturbed condition, is very evident; yet neither the state of the circulation nor the temperature of the patient indicate any form of idiopathic fever. It is probable that the loss of appetite, the coated tongue, the general tardiness of secretion, have resulted from the long-continued and increasing disturbance of the nervous functions, and the consequent mental anxiety and want of sleep. But what is the nature of the nervous derangement from which he suffers? Do those derangements depend upon disease within the cranium; and if so, what is the nature of such disease? The numbness, or anæsthetic condition of the top of his head, continuing since the partial sunstroke fourteen years since; the very gradual manner in which all his present symptoms have been developing during the past year, as well as the character of the present symptoms, incline me to think there is some important change in the condition of some portion of the cerebral mass. It is probable that certain parts of the brain have been morbidly excitable since the first severe effects of the high temperature fourteen years since; and that such morbid excitability has been gradually modifying the nutrition, as well as steadiness of functional action, until during the last few months it has developed almost constant morbid sensations in his head, with paroxysms steadily increasing in frequency and approximating more nearly to the character of epilepsy.

Prognosis.—If we have rightly apprehended the nature of his case the prospect of his recovery is not good.

It is probable that the long-continued morbid sensitiveness has led to more or less molecular or structural change in the superior part of the hemispheres of the cerebrum. And yet, it may be that the more recently established burning sensations in the

top of the head, and in the legs, with the muscular twitchings and more violent shocks, as well as the marked general derangement of the secretions, are owing to the supervention of a low grade of inflammatory action in the brain, which might be overcome by judicious and persistent treatment. One of the most discouraging symptoms is the timid, almost childish condition of the patient's mind. It not only adds to the probability of structural lesion, but it constitutes a great obstacle in the way of securing regularity and persistence in carrying out either hygienic or medical treatment.

Treatment.—To remove, as far as possible, everything that might act unfavorably on the nervous centres, the patient was directed to have a diet consisting of milk, farinaceous articles, and fruit: carefully avoiding all meat and drinks of an exhilarating character, such as tea, coffee, and all fermented and distilled drinks containing any proportion of alcohol. To correct the secretions, allay nervous excitability, and check the tendency to epileptiform shocks or paroxysms, the following prescription was ordered for the patient:

℞	Bromide Sodium,	ʒ vi.
	Iodide "	ʒ iji.
	Bi-Chloride Hydrarg.,	gr. i.
	Fl. Ext. Con.,	℥ ss.
	Tinct. Digitalis,	℥ i.
	Syrup. Prunus. Virg.,	℥ iiiss.

Mix. Give 1 teaspoonful before each meal, and at bedtime, in a little water.

In further illustration of the effects of high temperature, or partial sunstroke, in producing protracted functional disturbance, the lecturer related the following case:

CASE II.—A laborer, aged twenty-two years, native of Ireland. While engaged in out-door work, in July, 1870, was exposed to the direct rays of the sun on an unusually hot day. The heat produced sufficient effect to cause sudden prostration, with partial loss of consciousness, from which he said he soon recovered so far as to be able to get up and go about the house. But he remained weak; easily excited, timid in feeling, and wholly incapable of exposing himself to the direct rays of the sun without immediately inducing such a feeling of tremulousness or agitation and giddiness, as to impress him with the idea that he would fall unconscious. Nearly two years had elapsed after the attack when the lecturer was first called to the patient. He was sitting in his room with a soft wool hat drawn over his head; his face pale; expression sad and anxious; pulse soft, quick, and 90 per minute; respiration quiet and slow when undisturbed, but short and hurried when making any exertion; temperature natural; urine free; tongue clear; bowels slightly costive and appetite variable, with some impairment of digestion. He complained of muscular weakness and great weariness from slight exertion, but was free from pain and comfortable while quiet and in the shade. If the rays of the sun were allowed to strike him, however, he immediately became excited, complained of very strange and distressing feelings in his head, looked pale, breathed as if tired, and insisted that he would fall over or lose consciousness. And no persuasion or assurances could induce him to venture out uncovered while the sun was shining. His sleep at night was unrefreshing and often disturbed by dreams. He had done no work since his first attack, and had suffered but little loss of flesh.

This case presented no numbness, no nervous or muscular twitchings, and except the pale, anxious and timid expression of countenance, looked as though he might step out and go to his work.

He had consulted several physicians, and claimed to have taken a variety of tonics and stimulants, with little or no benefit. Acting upon the idea that high temperature increases the susceptibility or inherent excitability, and diminishes the affinity of the organic atoms or cells for each other, and regarding the present condition of the patient as a continuance of this disturbed condition of the elementary properties of the cerebral mass, a plan of treatment was adopted, having special reference to the allaying of such morbid susceptibility and the restoration of a healthier degree of tonicity. He was put on a plain nutritious diet; tea, coffee, tobacco, and all alcoholic exhilarants were prohibited, and the following medicines directed to be taken steadily for three or four weeks:

℞	Tinct. Digitalis,	℥ j.
	Fl. Ext. Scutellaria,	℥ ii.
	" Conium,	℥ ss.
	Syrup Prunus. Virg.	℥ ss.
	Bromide Potassium,	ʒ iv.

Mix. Take 1 teaspoonful before each meal, and at bedtime. Also

℞	Oxide of Zinc,	3 jss.
	Ergotin,	30 grs.
	Ext. Cannabis Ind.	15 grs.

Mix. Divide into 40 pills. Take one pill half an hour after breakfast and dinner each day.

Wishing to gain also the invigorating effects of mental courage, hope, and cheerfulness, he received the most positive assurances that he would get well, and that he must not fail to go out-door some every day.

This last part of the programme was by far the most difficult of execution; and it was not until three or four weeks had elapsed under reiterated assurances that he gained sufficient courage and steadiness to venture out with any degree of freedom. He finally recovered, however, and when last heard from had resumed his ordinary work. Two or three other cases of less severity, arising from the same cause, were alluded to as having come under the lecturer's observation during the past year. They were treated on the same principles with satisfactory results, special attention having been given in each case to mental courage and confidence.

ACCIDENTAL NEPHROTOMY.—The *Wiener Med. Woch.* states that a man of twenty-five, having been stabbed in the left renal region, a fleshy tumor was extruded through the wound by the act of coughing. This was found to be the kidney, which was eventually removed after a double ligature had been applied to the pedicle. The man did well.—*London Lancet.*

"THE PARIS MEDICAL RECORD" is the title of a new venture in medical journalism. The editor states his conviction that, "notwithstanding the great number of medical periodicals in existence, the thirst for knowledge is so intense that the supply is still far short of the demand." Hence this very promising bi-monthly review of the progress of medicine. The journal is published in Paris in the English language, and the initial number is made up mainly of translations of lectures and other contributions to medical science by Paris professors.

Clinical Reports.

CLINICAL LECTURE IN THE OPHTHALMIC DEPARTMENT OF THE COOK CO. HOSPITAL.

By F. C. Hotz, M.D.

Reported by F. C. Winslow, M. D., Assistant Physician.

GENTLEMEN: The first case we examine to-day is Hordeolum, or stye. This affection is an inflammation of one of the Meibomian glands, or of the tissues at the roots of the cilia, and is likely to occur in persons of all ages. It begins by a sense of heat in the lid, which soon becomes the seat of swelling and pain. A careful examination shows some particular point of the lid to be the seat of the pain, and at this place we find an irregular hardened nodule, which marks the position of the stye. By these signs we differentiate the disease under consideration from others which may be complicated with œdema of the lid.

These symptoms are followed in a few days by suppuration.

The treatment consists in the application of warm fomentations, and, as soon as the pus shows any tendency to point, the tumor is freely opened, the contents evacuated, and a simple dressing of lint, saturated with warm water, applied for a day or so, by which time it will usually be found to have disappeared.

CASE II, aged——.—This patient presents herself for treatment, giving the following history: Several months ago she received treatment for granular conjunctivitis, and improved to such an extent that she discontinued treatment. She says that a few days since she began to experience great pain in the head, both in the frontal and occipital region. This was accompanied by considerable febrile excitement, loss of appetite, and inability to sleep. The lids became swollen and there was a copious secretion of tears. In addition to this there is manifested great intolerance of light, the patient, as you see, constantly resorting to some means of shading the eye. The left lid is still red and tumefied, and if we examine the eye we find the conjunctiva highly congested, and exhibiting at the margin of the cornea the red zone of engorged vessels, which is characteristic of acute inflammation of the cornea and iris.

In the center of the cornea you notice an irregular yellow opacity, the surface of which is slightly elevated above the neighboring portion of the cornea. Its margin is well defined against the surrounding cloudy corneal tissue. This yellow opacity is a purulent infiltration of the cornea. The crescentic yellow opacity which you notice beneath is not in the cornea, but indicates a collection of pus in the anterior chamber—a condition known as hypopyon.

The pupil was contracted but is

now slowly expanding, owing to the action of the atropine we have dropped into the eye.

The case is one of suppurative keratitis, complicated by iritis.

The affection, owing to its frequent complication of pus in the anterior chamber, is often called hypopyon keratitis.

The disease is due to a variety of causes. It may be of traumatic origin, or may follow long-continued irritation, but it is most likely to occur in persons of a scrofulous diathesis, and as a result of malnutrition.

The symptoms are those given in the history of the case before us: Deep-seated pain, intolerance of light, profuse lachrymation, swelling of the lids, dense vascularization around the cornea, yellow infiltration of a portion of the cornea, loss of sleep, and more or less febrile excitement. On the supervention of iritis we find, in addition to the above, contraction of the pupil and hypopyon.

It is impossible for us to be too guarded in our prognosis of this affection. The result depends largely upon the state of the cornea at the time of making the examination. If we find the suppuration so intense as to cause extensive destruction, we can, of course, give no encouragement to hope for a favorable result. But even in the best cases a permanent opacity will remain in the cornea, and if it be in the centre will impair the sight materially.

In the treatment of suppurative keratitis we enjoin strict rest for the affected organ. We secure this by means of the bandage, and it is necessary to exercise good judgment in the application of this simple agent, for unskillfully used it becomes a source of irritation instead of benefit. It is necessary to fill up the space between the eyebrow and nose with loose slips of cotton, which by a uniform pressure, restrain all movements of the lids over the inflamed cornea. Under the bandage we place a few layers of lint, saturated with warm water. This acts in the ordinary manner of a warm fomentation, which we like to use for all purulent inflammations. An aqueous solution of atrop. sulph. gr. ij. to ℥ j., should be freely used in the eye, where by its local sedative action it relieves the severe pain, thus contributing to the comfort of the patient. Its main object however is to combat the supervening iritis and keep the pupillary margin of the iris away from the affected part of the cornea.

The eye should be frequently examined, carefully illuminating the cornea for this purpose. As long as the margin marking the suppuration is well defined, thick and opaque, it indicates that the inflammation still continues, while on the other hand, when the margin loses its distinct outline, and the edges change from an opaque yellow to a semi-transparent gray color, it shows that the violence of the disease is abated, and the reparative stage has begun. As soon as this condition presents itself the indications for treatment are entirely different. We now hasten to evacuate the collection of pus externally, because if left to itself it might cause a perforation into the anterior chamber, followed by the sudden discharge of the aqueous humor, and the protrusion through the orifice of a portion of the iris. If, as in this case, the abscess is superficial, we merely open the anterior wall, while if it is

deeply seated we perform paracentesis of the cornea, through the centre of the abscess, and thus allow the aqueous humor to escape slowly, and in its passage thoroughly washing out the pus contained in the abscess. To perform this operation you select a narrow double-edged needle, and gently introduce it through the centre of the abscess into the anterior chamber.

The subsequent treatment is simple. We maintain the organ at rest, and this, with the occasional use of the atropine, is all that is necessary.

Translations.

PROGRESS OF MEDICAL SCIENCE IN GERMANY.

By Edmund J. Doering, M.D.

I. Etiology of Diabetes Mellitus, by Dr. R. Schmitz (*Berlin Klinische Wochenschrift*, No. 44, 1874). II. Treatment of Whooping-Cough, by Dr. Wilde (*Deutsches Archiv f. Klin. Med.*, 15 Bd., 2 Heft).

I.

During the past six years 104 patients, suffering with diabetes mellitus, have been under our care. Of this number 77 were males and 27 females. The following table classifies them according to age:

AGE.	NO. OF CASES.
Under 10 years	1
Between 10 and 20 years	8
" 20 and 30 years	9
" 30 and 40 years	16
" 40 and 50 years	16
" 50 and 60 years	38
" 60 and 70 years	12
" 70 and 80 years	4
Total	104

In 45 patients various nervous disturbances were the exciting cause of the disease, viz.: In 15 patients mental anxiety; in 8 severe pain from injuries; in 7 serious affections of the central nervous system; in 7 excessive mental exertion; in 3 sudden fright; in 3 masturbation, and, finally, in 2 patients, great nervous excitement, due to pruritus pudendi. In 20 patients the disease evidently originated from immoderate use of sugar; in 7 from general exhaustion following serious diseases, *i. e.*, heart disease, syphilis, and amyloid degeneration of the liver and kidneys (with albuminuria in four cases). In the remaining 32 patients the exciting causes of the disease were obscure. Albuminuria constituted a complication in 12 patients out of the total number. Now the great majority of these exciting causes we meet with daily in many persons, yet but few proportionately are affected with diabetes.

To explain why violent emotion

should produce diabetes in one person and still not affect in the slightest the health of many others, we are compelled to accept the existence of a hereditary predisposition, which, in combination with one of the many exciting causes mentioned, will produce diabetes. Whether this predisposition to diabetes can also be acquired, we are unable to state, but certainly in the great majority of cases it is hereditary. In proof of this assertion we may mention that in 22 cases out of the 104 we were able to prove the existence of a hereditary predisposition beyond a doubt, and this number would be greatly increased if we should add the doubtful cases. But, notwithstanding this predisposition, it still requires an exciting cause in combination therewith to produce diabetes, as the following cases will illustrate:

Mr. F——, fifty-seven years of age; his father died of diabetes mellitus; his mother and his brother and sisters are still living and in good health. The patient was formerly healthy and got married early in life. He had five children, of whom four are living and enjoying good health; one child, his only daughter, committed suicide during an attack of melancholia. The sudden news of his daughter's death nearly ruined his health. He suffered with icterus, gastric and intestinal catarrh; his condition improved some but he never regained his former health. Later he became emaciated, lost all desire to work, complained of thirst and diuresis, and an examination of the urine in May, 1870 (about four weeks after the death of his daughter) showed the same to contain 5 per cent. of sugar.

The patient came under our care in June, 1870. He looks sleepy and apathetic, gait unsteady. Face red, skin dry and flabby. Muscles atrophied, as well as the adipose tissue. Tongue dry and coated. Pulse 96, weak and thready. Temperature normal. Physical examination of the thorax and abdomen reveals nothing abnormal. Patient complains of great weakness, thirst and hunger. Vision defective (disturbance of accommodative power). Urine yellow, acid; daily quantity 44 oz.; specific gravity of the urine passed during the day 1038, 4 per cent. of sugar; specific gravity of the urine passed during the night 1038, 4 per cent. of sugar, no albumen.

Mr. F——, Jr., twenty-six years of age; son of the above-named gentleman; formerly healthy. In Sept., 1871 he fractured his left leg by a fall from his horse. During the first eight days after the accident he suffered terrible pain, and six days later the subjective symptoms of diabetes appeared; the urine was found to contain 6 per cent. of sugar. Strict diet and the use of opium and alkalies greatly improved his condition, and reduced the quantity of sugar to 0.5 per cent.

In the beginning of June, 1872, we took charge of the case. The patient is of slender stature, but has not the usual appearance of a diabetic. Skin is not dry, adipose tissue still abundant. Muscles not much atrophied. Some fœtor ex ore. Pulse 72, feeble. Complains of weakness, but suffers only at times with thirst and diuresis. Appetite not excessive. Physical examination gives only negative results. Urine of a light straw color, slightly acid; specific gravity of the urine of the day, 1025, 1 per

cent. of sugar; specific gravity of the urine of the night, 1020, 0.4 per cent. of sugar; no albumen.

These two cases are of interest, showing that although the father of the first patient, and the grandfather and father of the second were diabetics, the first patient remained well until his 57th year; the second until his 26th year, proving that notwithstanding the hereditary predisposition it required a considerable nervous shock in both cases to cause the appearance of the disease.

Mrs. L——, fifty-three years of age; mother of four children, all living, but who are weak and delicate. The mother and two sisters of the patient died of diabetes, and a brother and sister are likewise diabetics. Until fall of 1871 the patient enjoyed good health, with the exception of occasional attacks of diarrhœa. About this time she was attacked with a severe form of pruritus pudendi, which tormented the patient so severely that for eight months she was unable to sleep. The want of sleep, the continual pain and restlessness, finally got the patient in a state of excitement bordering on insanity, in consequence of which, during the spring of 1872, the subjective symptoms of diabetes appeared, and the urine was found to contain sugar.

We first saw the patient the 13th of June, 1872. She looks sleepy and worn out. Face red, skin dry, adipose tissue still abundant. Tongue dry, coated; fœtor ex ore. Pulse 104, weak. Temperature normal. Slight dullness over the fossa supraspinata sinistra, with prolonged expiration. Sounds of the heart distinct but somewhat feeble. Liver and spleen normal. Patient complains of thirst and diuresis during the night, with a feeling of weakness and depression. Vision defective. Pruritus considerably improved. Urine straw colored, slightly acid; daily quantity, 56 oz.; specific gravity of the urine passed during the night, 1024, 1.8 per cent. of sugar; no albumen.

June 18th.—Patient very much excited, having suffered again intensely from the pruritis, preventing her from sleeping for several nights; besides, has been taken with sharp diarrhœa. Examination of the external genital organs shows a few excoriated patches from the scratching of the parts. Ordered large doses of opium and valerian.

June 19th.—No diarrhœa. Slept some last night. Pruritis somewhat better. Ordered opium and bromide of potassium. The quantity of urine passed during the last twenty-four hours amounts to 92 oz.; specific gravity of the urine of the day, 1032, 4.3 per cent. of sugar; specific gravity of the urine of the night, 1028, 3.8 per cent. of sugar.

June 20th.—Had a quiet night. No return of the diarrhœa. Pruritus improving. Continue the treatment.

June 21st.—General improvement. Quantity of urine for last 24 hours, 56 oz.; specific gravity of the urine of the day, 1026, 2 per cent of sugar; specific gravity of the urine of the night, 1023, 1 per cent. of sugar.

June 22nd.—Improvement continues. No pruritus.

June 23rd.—No pruritus. Quantity of urine for last twenty-four hours, 50 oz.; specific gravity of the urine of the day, 1025, 1.8 per cent. of sugar; specific gravity of the urine of the night, 1021, 0.2 per cent of sugar.

June 24th.—No pruritus. General condition unchanged.

June 25th.—No pruritus. Specific gravity of the urine of the day, 1022, 0.8 per cent. of sugar; specific gravity of the urine of the night, 1021, 0.3 per cent. of sugar.

Patient returned home.

Six weeks later she returned and we again observed that whenever she was troubled with pruritus the quantity of sugar in the urine increased. The most interesting points in this case are the following: The mother and four brothers and sisters of the patient were diabetics. She herself remained healthy until her 50th year. Then she is attacked with pruritus, which by its extreme irritation brings the patient in a condition bordering on insanity. Now the first symptoms of diabetes occur, increasing and diminishing in intensity according to the occurrence and subsidence of the pruritus. Therefore, also in this case, two causes were required to produce diabetes, viz.: hereditary predisposition and pruritis.

Mr. M——, fifty years of age; was severely frightened by a fall in March, 1872. Although he did not sustain any severe injury he nevertheless felt unwell from that moment, became emaciated, lost all desire to work, and his sight became defective. To these symptoms others were gradually added, as thirst, diuresis, etc., which led, in Feb., 1873, to an examination of the urine, which was found to contain sugar. Strict diet and the use of lactic acid produced a great amelioration of the symptoms.

In June, 1873, the patient came under our care. He appears still somewhat robust and healthy. Face has a bronze color. Adipose tissue scarce. Muscular system still considerably developed. Temperature normal. Tongue moderately dry, coated. Patient complains of thirst and a feeling of lassitude. Vision has improved considerably. Physical examination elicits nothing abnormal. Urine slightly acid, of a light straw color; daily quantity, 48 oz.; specific gravity of the urine of the day, 1020, 0.3 per cent. of sugar; specific gravity of the urine of the night, 1019, only traces of sugar; no albumen. The quantity of sugar soon diminished and the general condition of the patient was considerably improved. In Oct., 1873, the patient informed us that he was entirely free from symptoms of diabetes, but that now his son, sixteen years of age, was affected with the same disease, occurring during the convalescence from a severe attack of typhoid fever. Although we could not ascertain with certainty whether the parents or relatives of Mr. M—— were diabetics, nevertheless it is evident that a hereditary predisposition existed also in these cases, from the fact that diabetes occurred in the son, who was born long before his father became diabetic. Furthermore, the history clearly shows that it required in both cases an exciting cause, in conjunction with the predisposition, to produce diabetes.

Mr. K——, formerly healthy. His father died of typhoid fever, his mother is suffering with rheumatic gout. His aunt, sister and niece died of diabetes, and a brother still living is likewise diabetic. The patient took charge of his father's business seven years ago, and has been very active since. He worked for twelve hours daily, and never took any recre-

ation. For the last few years business cares have kept the patient in a constant state of excitement. Toward the end of last year he gradually became indifferent to business, losing his interest in work. He became emaciated; then complained of thirst, diuresis, great lassitude, and loss of sexual power. The urine was examined in Jan., 1874, and found to contain a large quantity of sugar.

On the 26th of April the patient was placed under our care. Status præsens: Patient is twenty-eight years of age. Face moderately reddened, expression sleepy. Skin dry and flabby. Adipose tissue very scarce. Muscular system still well developed. Tongue dry and coated. Pulse 105, not very weak. Temperature normal. Complains of great thirst, increasing weakness, impotence and diuresis. Slight dullnesss and prolonged expiration in the fossa infraviculari sinistra; nothing else abnormal. Weight of the patient 130 pounds. Urine of the day light yellow, turbid, slightly acid; specific gravity, 1030, 1.5 per cent. of sugar; no albumen. Urine of the night the same. Daily quantity, 94 oz. The history of this case also demonstrates the combination of a hereditary predisposition with an exciting cause, *i. e.*, excessive mental labor, in producing diabetes mellitus.

That a hereditary predisposition exists in diabetes mellitus, has been generally accepted, but it has not been regarded as important as we are persuaded it is. We therefore hope that our article may have contributed something additional to the knowledge of the etiology of this disease.

II.

Dr. Wilde claims that he can cure every case of whooping-cough within eight days, by the following mode of treatment:

The patient should be kept in-door to avoid exposure to cold. Then, at the commencement of every paroxysm, a teaspoonful of the following mixture:

℞	Chloroformi,	f ℥ i.
	Æther Sulphur,	f ℥ ij.
	Ol. Terebinth,	f ℥ iij

M.

is poured on a cloth and held about two inches from the mouth of the patient till the paroxysm subsides.

THE APPLICATION OF MASSAGE (*KNEADING*) AND STEAM, IN ABSCESS OF THE CORNEA.

Translated from La France Medicale, by Fred. J. Huse, M.D.

IN a recent number of the *Independencia Medica*, of Barcelona, Dr. Osio deplores the inefficiency of our therapeutics in the treatment of a large number of maladies, and he maintains that this seeming lack of means for successful medication has its origin in the fact that many very simple and highly efficacious remedies are entirely disdained by the physician, and remain among the number of those medicines commonly called old woman's remedies.

Mackenzie mentions an alarming epidemic of ophthalmia, which broke out among the cargo and crew of the

slave-ship Rodeur, and cites the relief that was immediately afforded, upon arriving at Guadaloupe, by the topical application of lemon juice, at the suggestion of an old negro midwife. In reading this account one is at first impressed with incredulity, but regarding it more carefully, and interpreting this circumstance by the aid of well known facts, there may be found a rational explanation. Indeed, Dr. Onimus has presented a paper to the Academy of Medicine, in Paris, in which he enumerates the substances which most surely neutralize septicæmia. The most energetic of these neutralizing agents is sulphuric acid, which, even in very minute doses, destroys the virulence of depraved organic liquids. The vegetable acids possess, in a certain proportion, the antiseptic properties of the mineral acids, and hence the efficiency of the citric acid against the purulent ophthalmia may thus be readily understood.

Massage of the cornea, which every one unconsciously practices in the act of rubbing the eyes, is one of those simple, common remedies, which can be made to render valuable service. At the Ophthalmological Congress, held in London, in 1872, the celebrated Donders called attention to a practice which might, he said, appear whimsical and valueless, but which had yielded him excellent results. He advocated massage of the cornea. Subsequently Dr. Osio practiced massage of the cornea in certain ocular diseases, and invariably with most fortunate results. More recently he has combined the use of vapor of hot water with massage.

It is well known that in addition to ocular abscesses of traumatic origin there exist others of pathological origin, and of inflammatory nature, others of diasthetic nature, and still others which have their origin in the surroundings in which the subjects live. Those ocular suppurations which depend upon lymphatic diathesis, scrofula, moist climate, etc., produce a lesion that is entirely asthenic. Slowly, without pain, without delacrymation, and almost without injection of the tissues of the eye, pus forms, penetrates the layers of the cornea, distends and ruptures its elastic posterior membrane, forms an enormous hypopyon, and partially fills the anterior chamber. It is in cases such as these that massage and steam produce most prompt and happy results.

Dr. Osio employs the following method: An apparatus charged with an infusion of camomile, is placed before the patient's eyes, which have previously been covered with a double layer of fine muslin. The apparatus should be placed at a sufficient distance that the vapor may reach the eyes at a temperature of from 90° to 100°. At the same time massage of the eye should be performed with the fingers over the muslin, rubbing it up and down, from side to side, and finally by a circular movement pressing upon the centre of the cornea.

At intervals the apparatus may be brought nearer the patient so that the eyes may for a few moments be subjected to steam of a higher temperature than that already indicated.

This vapor bath should be continued for a half or three-quarters of an hour, and during this time the massage should be repeated from eight to ten times, with a duration of from one to two minutes upon each occasion. At the termination of the

sitting a drop of a collyrium containing atropine should be used, and last of all a retentive bandage.

The general treatment should be metasyncritic and the diet generous, while to subjects seriously tainted with scrofula should be administered Van Swieten's liquor (10 grains of corrosive sublimate to 2½ pounds of brandy).

The beneficial action of this method compares favorably with those obtained by Mackenzie and Weeker, with compresses of warm water in preventing suppuration of the cornea. It may be resorted to in asthenic abscesses, as well as in ocular inflammations, for the purpose of preventing attachment or prolapse of the iris.

GLEANINGS FROM THE FRENCH.

Translated by Fred. J. Huse, M.D.

UNCIPRESSURE. — A new method for controlling traumatic hæmorrhages in certain cases where circumstances of time and place, or other considerations, may render ligation of the arteries inefficient, has been suggested by Dr. Vanzetti, of Padua, in a communication to the Surgical Society of Paris. He cites three instances in which he has made successful use of this method.

The first is that of a robust peasant, fifty years of age, who had received a cut across the back of his hand in the first intermetacarpal space. The hæmorrhage was at first controlled by a compressive bandage, but thirteen days after the accident a formidable hæmorrhage suddenly set in, and continuing for several days, in spite of the compression, the patient was brought to Dr. Vanzetti. The wound was nearly two inches in length; the hand was much swollen. The surgeon sought the artery in the centre of the suppurating wound, believed that he found it, applied ligatures, and the blood ceased to flow.

Nevertheless, not being certain that he had carried the silk around the wounded artery, Dr. Vanzetti made use as complement of the hæmostasis, of the following method: He held down the lips of the wound by means of two hooks forced deeply into the edge of each flap, and maintained the pressure by attaching them to the bed-slats. The third day, one of the margins showing signs of returning hæmorrhage, the hook of that side was placed over the point of the appearance of the blood; the hæmorrhage then ceased. Subsequently the same accident was treated in the same manner on the other side of the wound. The hooks were removed forty hours after application and the patient recovered.

The two other cases mentioned in this article of Dr. Vanzetti, are instances of the application of hooks at the beginning of hæmorrhage. The pressure of the hook upon an artery flattens its calibre and changes the relations of the vessel with the surrounding tissues. The hooks may have different shapes and may be applied in different manners, while they should be left in position for a longer or shorter time, according to the vol-

ume of the artery. The wounded region requires to be immobilized in order to maintain the tension of the hooks upon the borders of the wound.

THE GAZETTE MEDICALE, of Bordeaux, mentions a report to the medical society of that city, by a veterinary surgeon, concerning the practice among coachmen belonging to certain well-to-do bourgeois families, of administering chloral to the horses under their care for the purpose of rendering them less restive, and accordingly more easily driven. The chloral is said to work like a charm, so that horses previously held in with the greatest difficulty, after a few days of this hyposthenic regimen, become most quiet and docile, as well as lazy and sleepy.

ACTION OF IPECAC IN DIARRHŒA.—After much careful experimentation, Dr. Polichronic has announced that ipecac serves to provoke an intense inflammation of the mucous membrane of the intestinal canal. By thus replacing the spurious phlegmasia which exists in chronic diarrhœa, ipecac promotes the speedy and spontaneous recovery of such cases.

A NEW METHOD OF EXTRACTION OF CATARACT.—Dr. R. Castorani is announced in *La France Medicale* as having lately presented to the consideration of the Parisian Academy of Sciences, a new method for the external linear extraction of cataract. The principal novelty of this method consists in the opening of the cornea, or sclerotica, to the extent of four or five lines, by a simple puncture of a broad, curved keratotome. Iridectomy is then performed and the lens is extracted within the capsule. Dr. C. has specially adapted all the instruments necessary to the successive stages of the operation.

The principal advantage of this method consists in the easy adaptation and reunion of the margins of the wound even when all the vitreous humor has been removed. Reunion after linear puncture is much easier than after linear section, and chiefly by reason of the action of the lids in making pressure. The aqueous humor is also more completely retained by this method, for the same reason, and it is claimed that there is thus obviated any danger of interocular hæmorrhage after removal of the vitreous humor, as the continual flow of the aqueous humor fills up the ocular cavity and preserves its natural form and volume.

THE Drs. Mayencon and Bergeret have announced in *La France Medicale*, as the result of extended observations in regard to the action of arsenic and antimony upon the organisms of men and animals, the following general conclusions:

1. Arsenic is absorbed and diffused in the organism with very great promptness. Elimination through the urine takes place immediately.

2. Antimony is absorbed and diffused more slowly. Urinary elimination rarely begins on the first day.

3. Arsenic is eliminated simultaneously by the liver and kidneys, but more by the liver than by the kidneys.

4. Antimony is carried off in a much larger quantity by the liver than by the kidneys.

Editorial Department.

THE present number completes the fifteenth volume of the MEDICAL EXAMINER.

It was commenced by the present senior editor in January, 1860; and, with the exception of a month immediately following the great fire of Oct., 1871, when a printing press was not left in Chicago capable of doing the work, it has visited its patrons with regularity and reasonable promptness. It has always been the personal property of its editors, owing allegiance to no other interest or institution, and having for its great leading object the promotion of the educational and scientific interests of the profession, and direct practical aid to the practitioner at the bedside of his patient. In furtherance of the last-named object the senior editor has ever contributed freely (perhaps some would say too freely) such clinical facts and observations concerning the causes, nature, and treatment, of all the more important diseases coming before him in the ample field of both private and hospital practice, as he deemed most valuable to its readers. With these same objects steadily in view, we propose, as stated in the last preceding number, to give our readers in the volume for 1875, one hundred pages more of reading matter, presented in as good style as any medical periodical in this country.

We approach the beginning of the new year with all our arrangements for giving our readers a valuable medical periodical more complete than ever before.

Let none forget that *now* is the time for renewing their subscriptions, and speaking a good word for the EXAMINER to their neighbors in the profession.

DISSECTING MATERIAL. — During the last two months quite a number of applications have come to us and to the demonstrators of anatomy in the medical colleges, asking to have *subjects* sent to them for dissection and anatomical study. These applications are prompted by the supposition that the law passed by the last legislature, legalizing the study of anatomy, would place more *subjects* at the disposal of the teachers of anatomy here than were actually needed for their own use. This is a mistake.

On careful inquiry we find the practical operation of the law, thus far, has not supplied a single subject more than was actually needed by the classes in the several medical colleges in this city. Besides, the law expressly prohibits all *traffic* in such *material*, and the faculties of our colleges are honorably pledged to the public authorities to abide strictly by the terms of the law. We would like to have all our friends in other places supplied, but cannot aid them at present.

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Society Reports.

THE AMERICAN PUBLIC HEALTH ASSOCIATION—SECOND ANNUAL SESSION.

From The Philadelphia Medical and Surgical Reporter.

THE second annual session of the American Public Health Association commenced November 11th, at 12 o'clock, in the hall of the College of Physicians, this city.

The President, Dr. Stephen Smith, made a few introductory remarks relative to the progress of the work of the association during the past year.

Prof. Henry Hartshorne then made an address of welcome, after which he read a paper on "Excessive Infant Mortality of Cities and the Means of its Prevention."

J. R. Black, M.D., of Ohio, next read a paper on "The Influence of Hereditary Defects upon the Health of the People, with suggestions in regard to Prevention and Eradication." From this paper we make the following abstract:—

He said that the doctrine may now be said to be established that organization and function are one, or that there is in the body no independent spirit or principle apart from that inherent in the various forms of organized matter. The popular exclusion of this doctrine in questions of hygiene and of ethics, or the trust reposed in addressing every reformatory effort of this kind to an abstract ethereal entity either in or above ourselves, is justly chargeable with the terrible indictment of being the main influence by which mankind have been made the most pain-stricken, the most sickly, the most frequently and fearfully deformed, and the most likely to die at an untimely period, and as malefactors in torment, and for the vindication of law, of all other animated beings.

It has caused worthy persons to believe that afflictions and sickness are sent, not brought upon ourselves, and that while it is a binding duty to care for the sick, the deaf, the maimed, the idiotic and the insane, it is scarcely thought to be obligatory in a public or personal sense to prevent, through purely mundane instrumentalities, any or all of these evils from ever afflicting our race.

A hereditary defect may imply a disease directly transmitted, as in syphilis or scrofula; or a deformity, as in harelip, or simply tendency to some disease, as in insanity or tuberculosis. The way in which ordinary forms of hereditary defects originate is not difficult to comprehend. It is often practically demonstrated to every competent observer, especially in the large cities.

As a rule, the residents of a salubrious country district are freer from taints of blood and defects of organization than those of a city, and a removal of persons into the latter place produces an impairment in health of a transmissible quality. The digestive organs are the first of the vital harmonies to fail from bad habits of life.

If those habits be continued for a generation or two an inbred weakness of these organs will become an inheritance of the offspring. If the infringement of vital law consists of great mental strain, or in the continued and excessive use of stimulants and narcotics, some form of nervous impairment will ensue, which, if prolonged, may end in insanity or predisposition to attacks of nervous disorder.

If the syphilitic taint is engrafted upon the blood, this, with insufficient out-door exercise, and the long-con-

tinued breathing of impure house air, will be sure to give rise to pulmonary consumption.

Those who have given the laws of health any attention are aware that there are few persons who do not violate them, nor is obedience at all impracticable.

Of late the achievements of science have actually tended to produce an increase in the number of degenerate men and women, because every one does not know and act for himself in sanitary matters, but relies on the knowledge confined to a few scientists. The latter cannot manipulate health, vigor, and good constitutions into their fellow-beings.

The first and great requisite to prevent all this is knowledge of what constitutes true vigor, sympathy and health. Not a very few persons are of the opinion that these conditions are very well known to the popular mind. Observation has led to a very different conclusion. Many have gained vague ideas on the subject most frequently from those who have more vanity. A few thoroughly understand the purpose of one or more of the conditions of health, and, perhaps, attach an undue importance to them. This knowledge, to be useful, needs to be personal and thorough; no mere elementary smattering to which the mind may passively assent, but such a deep and thorough familiarity with the subject which will enforce the conviction that the alternatives of pleasure or pain, health or sickness, long lives or short ones, are, except from chances infinitesimally small, wholly in our power. Precisely that which prevents sickness will also prevent the stamping of an inherent defect upon the organization.

Dr. Richardson, of this city, at the conclusion of Dr. Black's paper, made a few remarks on the subject of hereditary disease, which he argued was the effect of a law of nature, the opposite of the "survival of the fittest," and which he had formulated three years ago as the "extinction of the unfit."

Dr. Samuel Osgood, of New York, spoke of the hereditary tendencies in the disposition of children which he had noticed in his pastoral duties. He had asked whether hereditary tendencies were easier to check than those of a personal origin, and was glad to hear that they were. As to the survival of the fittest, he contended that that was not always the case. The worst men and brutes frequently outlived the best of their fellows.

A paper on "The Health of the Tenement Populations and the Sanitary requirements of their Dwellings," by Edward H. Janes, M.D., of New York, was next read by the secretary, as Dr. Janes was not present.

The next paper was a report upon the death-rate of each sex in Michigan, and comparison with "Dr. Farr's Life Tables of Healthy Districts of England," by H. B. Baker, M.D., secretary of the State Board of Health.

Dr. J. S. Billings presented a paper on hospital location and construction, from which we make the following extract:—

Experience has shown that large and costly hospitals, even on the pavilion plan, are not necessarily free from the evils indicated by the word "hospitalism;" and practical trial, in our late war, repeated and confirmed more recently in Europe, has led to the recommendation that hospitals should be temporary wooden structures, intended to last but ten or twelve years. The good results obtained in our large military hospitals were not alone due to their temporary character, for the morbific element due to length of occupation did not have time to develop in them. They were better located than civil hospitals, being in the country, where there was plenty of room and fresh air. The class of patients was better, the control over them more efficient, and they were more readily classified than in civil life, thus lessening the evil (to which I shall presently refer) of placing a number of men in one room, with different diseases and wants.

When cases of zymotic disease occurred, tents were largely used, and the more they were employed the bet-

ter the result. In an economical point of view it is evident that if one-half the money required for brick or stone structures was used to erect plain balloon-frame wooden buildings, and the other half invested at ordinary rate of interest, at the end of about twelve years the amount on hand would be what it was in the beginning, the old buildings could be removed, and the process repeated, thus giving a new hospital every twelve years. The necessary buildings for the care of two hundred patients should be constructed for about $50,000. The smaller the number of patients the greater the cost per bed. Thus a hospital for one hundred patients will cost about $35,00, for fifty patients $12,000, etc. Our large metropolitan hospitals usually are, and should be, connected with medical schools, and, on account of accessibility, it is generally considered necessary to place them in or very near the city, where space is limited and costly. Dr. Billings doubts very much whether this supposed necessity exists, and whether it would not be possible to place hospitals five or ten miles away from the city, where they could have ample space, and place the medical colleges with them.

The paper also states many special advantages which pertain to floating hospitals, a class of structure of which more use could be made. It is suggested that a floating hospital might be constructed on flat-bottomed boats, radiating from a central triangle or polygon. Such a hospital could most conveniently be arranged for three hundred beds or less, and where space can be more conveniently obtained on water than on land would serve an excellent purpose, but the temporary character of the structure must be insisted on.

Two valuable papers, one on the "Sanitary Relations of Hospitals," by William Pepper, M.D., the other on "Hospital Architecture, and the Perfect Ventilation of Hospital Wards," by Carl Pfeiffer, of New York, were next read, and, together with all the preceding papers, referred to the Committee on Publication. The last hour of the afternoon session was passed in a conference of sanitary officers and others upon methods and experience in the public health service.

EVENING SESSION.

The evening session opened at half-past seven o'clock with a large attendance. A fair proportion of the audience were ladies. Hon. Morton Mc Michael presided, and introduced the exercises of the evening with an address. At the conclusion of the honorable gentleman's address, Rev. Samuel Osgood, D.D., was introduced, and delivered a discourse on "The Relations of Health and Higher Culture."

The speaker, after noting the difference between modern society and the society of the ancients, said that the demands upon us had increased until we were in danger, as a race, of becoming nervous, sickly and discontented. Health, he continued, was a part of higher culture, for without a sound body there could not be a sound mind. If life was the continuous adjustment of outward and inner relations, then health could only be obtained by a patient study and religious following of nature's laws. Whatever might be the aspirations of the soul, our knowledge must come through the senses, but unless the senses were perfect in action and thoroughly trained, the mind could not be advanced. Reference was then made to the bad methods of cooking food in this country. He said our vices and follies come in great part from what goes into the mouth. The cannon and the sword had at times done terrible work, but the pipe and the bottle, the cigar box and the whisky cask, were likely to beat them both.

Prof. S. D. Gross, M.D., then read an elaborate discourse upon "The Factors of Disease and Death after Injuries, Parturition, and Surgical Operations," a paper on hospitals in their relations to public health interests, and the economy of perfect care

of the sick and hurt. In his treatment of the subjects, Dr. Gross particularly dwelt upon the necessity of employing the most scrupulous neatness in all surgical operations. In speaking of the effects of bad drainage, mention was made of the appalling epidemics which raged for a time in a ladies' school at Pittsfield, Mass., and later at a hotel in Washington. The poisons of infectious and cutaneous diseases were next treated. The speaker related many instances in which the poisons of various diseases were communicated from person to person in an almost unaccountable manner. The specific poisons of cholera, diphtheria, small-pox, scarlatina, were referred to as particularly tenacious and potent. The average mortality from zymotic diseases was 26½ per cent. of all deaths.

In treating of hospitals the Doctor said very plainly that the mortality in most of them was frightful. The Episcopal Hospital and the Hospital of the University of Pennsylvania were referred to as well planned. He said, however, that no single ward should have more than six or eight beds, and no hospital should accommodate more than one hundred patients. The Doctor referred in warm terms to the necessity of erecting convalescent hospitals, where patients who had passed the crisis of disease could recover their strength without danger of infection from persons afflicted with other diseases. The discourse concluded with a graphic description of the condition of the tenement districts of great cities and the means whereby they might be renovated.

On motion, a vote of thanks was unanimously tendered to Rev. Samuel Osgood, D.D., and Dr. Gross, for the interest they had afforded.

The association then adjourned.

SECOND DAY.

The association convened at nine o'clock. President Stephen Smith, M.D., occupied the chair; Dr. E. Harris, secretary. The first paper presented was on the subject of "Building Ground in its Relation to Health and Disease," by Ezra M. Hunt, M.D., President of the Sanitary Commission of New Jersey. It states that the condition of the ground has very much to do with all questions of health. The character of the soil, the degree to which it can dispose of all that comes in contact with it, whether in the form of gases of animal or vegetable decay, or of pure and impure liquids, all have intrinsic and vital bearings upon human health.

Where natural transformations are in no wise interfered with by art it is wonderful to see how processes involving productions inimical to health are so conducted as to be entirely consistent with vigorous existence. While decomposition is the rule, evil therefrom under natural conditions is the exception. While, for instance, enough carbonic acid is produced each day to kill all the inhabitants of the earth, yet it is so well managed as not to interfere with the health of man as animal. But the very moment a spot comes to be builded upon it is by necessity placed in abnormal conditions.

The building clears the ground of that herbage which had no unimportant sanitary office in appropriating the products of decay. It covers it from sunlight and sun heat, and necessarily makes its condition as to these quite different. It interferes with the range of the winds, and modifies the immediate thermometric and hygrometric condition of the atmosphere. It throws the rain-fall into streams upon the ground around its sides, rather than allowing it to diffuse itself as it does in drops.

It is believed that one of the causes of the prevalence of such fevers as typhus and typhoid, in the winter, is that the greater inner heat of houses causes the currents of air from the surrounding ground to set to them, under the general law of currents as affected by heat. If the soil air is polluted by sewerage or only by the interruption of those processes which Nature has instituted for purifying it,

we are sharers in that contaminated air.

The fact of water in the ground is more apparent than that of air, but still its relations thereto are underrated in its sanitary bearings. There is a depth varying with the soil and locality at which the ground water is in general intended to fill up the space between earth particles. But in several feet of the ground nearest to the surface it is intended that the soil should have both air and water in circulation. Between them and heat there is a correlation and conservation which is conducted as wonderfully and as scientifically below ground as above it.

This condition, when uninterrupted, tends healthward, but when suspended contaminates the ground. The capacity of the ground for air is already shown, and by expelling the air from dried earth, or, in other words, by pouring into it water, we find its capacity for water. Such grounds as we are familiar with will thus take in fifty per cent. in volume of water, and even most marble will hold four per cent. The paper further states that in cities we need more dry-earth system. Perfect under drainage is the first great need of most cities. Regulations of cellars, and of all other holes below the surface is the next great study.

We must get the homes of the people on a better foundation than damp, water-soaked, air-polluted, filth-burdened ground.

Remarks on Dr. Hunt's paper were made by Professor Henry Hartshorne, of this city; Dr. John H. Rauch, of Illinois; Dr. Ray, of this city; Dr. Bell of New York, and Dr. John A. Stewart, of Baltimore. A motion made by Dr. Hartshorne that the paper should be referred to the Publication Committee, was carried.

Dr. S. C. Busey, of Washington, D. C., presented a report upon the gathering, packing, transportation, and sale of fresh vegetables and fruits, and the competent inspection and free markets for producers of the same.

AFTERNOON SESSION.

At the afternoon session Dr. Edwin M. Snow, Superintendent of Health, Providence, Rhode Island, occupied the chair. The first paper, by Dr. E. Harris, of New York, "A report upon the vital statistics, and the methods of public health administration in the cities and large towns of North America," was not read on account of its extreme length, but was referred to the committee for publication. Dr. Joseph M. Toner of Washington, D. C., then read an elaborate treatise on "Conditions and accidents which endanger, limit, or prevent vaccination from giving full protection from small-pox."

From this paper we make the following abstract:

Vaccinators in Great Britain are required to stand an examination as to their qualifications before receiving an appointment. I apprehend that great benefit would accrue to the people of the United States if the public vaccinators were appointed by state and city governments. I but assert the conviction of not only every medical man, but of every intelligent citizen, that a properly performed and successful vaccination, whether with humanized or animal virus, is as complete a protection against small-pox now as it ever was, and is a more perfect prophylactic than we possess against any other known disease.

Spurious Vaccination.—This general head may comprise all we have to say on deviations in the character of vaccine virus, and deviations from the normal course of the true protective vesicle. Perfectly good vaccine lymph, even in the primary vaccination, may produce a spurious pustule, and consequently secure no immunity from small-pox, and it is the duty of the vaccinator to remedy and detect this accident. If the papular state be hastened the vesicle will be illy formed, and the lymph opaque and unfit to use in propagating the disease, and does not promise complete protection. The centre of the vesicle in such a case is not well

defined, and the regular stages of the early development have been interrupted, and the areolar either does not form or is not of normal appearance. A condition must always be suspicious in the development of any undue itching set up about the second or third day. Where the papulæ assume a conoidal shape about the fifth day, and have a straw-colored or opaque lymph, or broken, ragged, weeping vesicle, with an ill-defined areolar about the sixth or seventh day, it can at once be pronounced as spurious. Vaccination may be retarded somewhat in its course, but I think it can never be accelerated beyond a day or so without destroying its protective character.

When the reading of this paper was concluded, Dr. Moreau Morris, of New York, said that the first point seemed to be how to get vaccine virus. So far as his experience extended he was satisfied that humanized lymph was equally protective with bovine. Concerning the collection of virus, its use, and its introduction, he referred to the mode of collecting virus used by physicians, and said that he believed that vaccine should be kept at an even temperature, and not preserved beyond a certain length of time. Physicians should be assured that the system had been thoroughly saturated with the virus before regarding the vaccination as protective.

Dr. Snow stated that out of five hundred children vaccinated by him only one had afterwards taken the small-pox.

Dr. Toner's paper was, on motion, referred to the Committee of Publication, after which Dr. Edwin M. Snow read a paper on the question: "Does Small-Pox become Epidemic?" After reviewing the apparent epidemics of small-pox which had visited American and European cities, from time to time, the Doctor said: It seems that we may safely conclude that the small-pox of the winter of 1872–73 did not possess the important characteristic of a true epidemic, of being widespread over the country at the same time. We understand by an epidemic influence some cause of disease which is widespread in its effect upon the people, which is independent of the ordinary or sporadic cause or causes, and which in itself and by itself has some power toward producing disease. Take for illustration: When Asiatic cholera is truly epidemic there is widespread over the country an influence which, of itself, tends to produce cholera, and which, in connection with local causes, does produce it, and without which the cholera cannot exist, even though all the local causes may be present. Can we conceive of any influence that can be directly called, in connection with small-pox, epidemic? One hundred cases of small-pox occur at the present day without contagion, either direct or indirect. My conclusion is that the great prevalence of this disease in Philadelphia in the year 1871, and in other cities, from time to time, had no connection with any true epidemic influence, but was due solely to the great number of cases of disease existing at the same time in a crowded city.

The next paper was on the "Causation of Scarlatina, with reference to the contagious and epidemic attributes, as illustrated in the course of that disease in the twenty-fourth ward of New York." Dr. C. F. Rodenstein, the author, stated that there would not be time to read the treatise. He then explained that by a series of experiments he had discovered in one locality that the disease was spread almost entirely by drinking water.

Benj. C. Miller, M.D., Sanitary Superintendent of Chicago, then briefly sketched his paper on the "Methods of Treatment of Gases from Rendering Tanks, and the Disposal of Tank Offal." He stated that if the progress in the future was equal to that which had been made in the past, there could be little cause for complaint against the packing-houses of Chicago. Adjourned.

THIRD DAY.

The association re-assembled at nine o'clock. President Stephen Smith,

M.D., occupied the chair. Dr. H. B. Baker, secretary of the Board of Health of Michigan, presented the association a portfolio containing specimens of poisonous wall-paper collected in different parts of the state. Prof. J. LeConte, of this city, said he was glad the subject had been opened, and called attention to the indiscriminate use of poisonous substances in agriculture. He thought the matter should be referred to a scientific commission.

Dr. John M. Woodworth said that every man of science in the United States viewed with horror the extent of this abuse. He moved that the Executive Committee should be requested to consider the propriety of appointing a special committee to confer and report on the subject. This was carried unanimously.

A communication from Dr. Francis Bacon, of Yale College Medical School, inviting the association to hold its next annual meeting at New Haven, Conn., was laid on the table.

It was announced that the subject of slaughter houses in large cities would be discussed some time this morning.

Stephen Smith, M.D., of New York, then read a paper on "The Reciprocal Relations of the Public Health Service and the Highest Educational Qualifications of the Medical Profession." From this we make the following abstract:

This review of the state of the medical art during the early periods of Roman history conveys a suggestive and useful lesson. If we were to search our statistics for evidences of the rank and position of the medical profession, as we search the Justinian code for substantial proofs of the position of the medical profession at Rome in different periods of history, we would find the highest conception of a physician to which American law had attained was defined by competent legal authority as follows: "The term 'physician' may be applied to any one who publicly announces himself to be a practitioner of this art, and undertakes to treat the sick either for or without reward" (Ordronaux). We might very justly infer from this definition that medicine as a science and an art was unknown in this country, and that medical practice was placed on the same plane as the most common trade, and our conclusions from these data would not only be logically correct but they would be historically true. Before the law medicine has occupied the position of the most ordinary handicraft, and has been subject to the same legal restrictions and obligations. While the historian who consulted only our statute books might reasonably conclude that scientific medicine had no recognition and hence no existence in the United States for one hundred years, our literature and our institutions would give ample evidence of not only the existence of medical science and medical art, but of its activity. A more rational conclusion to which the philosophical historian would come would be that scientific medicine secured and maintained whatever rank it held by its own unaided efforts.

After expressing a hope that in future the term physician might be better defined than in the past, the Doctor continued: It requires but little penetration to discover that there is a growing confidence in American communities in preventive medicine. Public health service can never inspire the proper degree of confidence unless it is sustained by medical science and medical art, in their highest degree of development. This science requires an organization with every needed scientific appointment, which shall be capable of searching out all the hidden sources of disease, and be of service in warding off pestilence, or mitigating its severity. It will also seek out and correct all those conditions which tend to deteriorate the physical condition of each generation, which impair development and which diminish longevity. Its real efficiency and success must depend primarily upon the state of development of the medical sciences, the extent to which such service relies upon these sci-

ences, and in their application in practice. The relations between the two, health source and the development of scientific and practical medicine, were assumed by the writer to be reciprocal, inasmuch as they were so intimately related that it was impossible for the former to advance without a corresponding advance of the latter. The paper continued upon an elaboration of this statement, finally closing with a hope that the Centennial of American Freedom should also see the Centennial of Public Health Service, and mark its close union with an advanced medical profession.

Dr. Frederick R. Sturgis, M.D., of New York, followed with an exhaustive paper upon "The Relation of Syphilis to the Public Health," after which Dr. George M. Beard, of New York, presented a paper on "Hay Fever, or Summer Catarrh." This paper shows that, from facts which Dr. Beard has gathered, he is obliged to make deductions diametrically opposed to all existing theories respecting hay fever. He regards it a complex, and not a simple disease. The first factor is a nervous temperament. The second is heat following cold. The third factor is some exciting cause, as dust, cinders, hay (fresh mown), etc. None of these exciting causes are alone competent to produce hay fever. A person who has no predisposition to it cannot take the disease from any one of the exciting causes. Indigestible food may superinduce sick headache in persons with a weak stomach, but the same food will not give sick headache to those who are very robust. It is most frequent in persons of nervous and nervo-bilious temperaments, and is confined to the temperate zone. Nervous patients are more benefited by a trip South than consumptive patients. It is hereditary. There is no other disease of which the hereditary character can be more distinctly proved by statistics. It is peculiar to modern civilization. It is increasing steadily as nervous diseases are increasing. The symptoms of the disease are markedly of a nervous character. The suddenness of the symptoms, the instantaneousness by which they may be cured, all point to the nervous character of hay fever.

An important element in the production of the disease is, next to predisposition, heat following cold. Where heat is steady, as in the South, hay fever and all nervous diseases are rare. In the absence of predisposition the exciting causes are powerless to produce the disease. It may come on in a mild form by exposure to heat or confined air at any time of the year. Like other nervous diseases, it acts vicariously, and is benefited by the tonic influence of mountain and sea air. The remedies which are most beneficial in hay fever are mere tonics. The plan of treatment which the Doctor proposes is, first, to prevent the disease; the patient should early in the spring begin a course of tonic treatment. It is probable that such a treatment would have the effect, with many cases, of bridging over the season, or, at least, of making the attacks milder. When the disease appears the great dependence must be on local treatment, combined with tonics. The Doctor, after naming some medicines which might be administered, said the theory that infusoria in the nasal organs was the cause of this disease could not be proved. It had been shown that infusoria were found in the nasal organs at all times, and even if they were found during the progress of the disease, no one could prove that they were the exciting cause. It was the common boast of the hay-fever army that the disease was peculiar to the intellectual classes. They rejoiced that however terribly they suffer, they are at least in good company. It was certainly true that the majority of cases were of a finely organized type. They were simply the persons who suffer from nervous diseases of all kinds. Concerning the pollen theory he would only say that it was entirely untenable.

The Doctor concluded by recommending a course of tonic treatment

as a means of prevention, and if that failed, mountain air and local treatment as a means of cure.

John C. Peters, M.D., of New York, read a paper upon "The Stealthy Introduction and Spread of Infectious Diseases in Large Cities."

Influenza (the first disease mentioned in the paper), Dr. Peters said, has generally been regarded as the very type of an atmospheric affection, arising from some distemperature of the air, or from a special agent profusely developed in the skin, like ozone. But Parkes correctly concludes that influenza cannot be caused by a gas, for no gas could be spread very far or wide without extreme dilution, and utter dispersion and destruction. He also suggests that it cannot arise from any molecular matter driven through the air like the pollen or odor of plants, such as causes hay or rose catarrh. The conclusion is almost irresistible that the agent or cause of influenza cannot depend upon one primary and single origin. All the phenomena of its spread show that it must, in its transit, constantly and copiously reproduce itself, somewhat like the catarrhal poison of measles. There must be an incessant reproduction of the agent in each new place where it shows itself. This reproduction must either take place in the air or in the bodies of the sick. If it increases in the air, then some force successively changes the elements of the atmosphere, like in the formation of ozone, or else the increase is a vital one and constantly in the enormous development of some infectious substances.

To account for the mode and prolonged spread of influenza we must believe that the particles of the body pass off in myriads from each sick person, and either infect other persons in their immediate neighborhood while in a fresh and moist state, or else after they have dried up and become small and light, so that they can float through the air to greater or less distances and become revivified by breathing or swallowing in other persons. A careful examination of the history of the disease shows that the rapidity of its progress has often been exaggerated. Occasionally its advance has been very swift, yet not to such an extent as is commonly assumed, while sometimes it has even traveled slowly. It is said to have overspread Europe in six weeks, but more frequently it has required over six months. It has on some occasions taken weeks or months to spread from England to Scotland, but in 1832 needed no less than eight months to spread over Germany. Though proceeding in direct lines it does not always attack all points alike. In coming into cities it generally attacks a few families at first and then spreads rapidly. A vast amount of superficial observation has clouded over the real natural history of the disease.

The history of hay fever and dandy fever was then traced, and the Doctor continued: The West Indies may now be regarded as the focal area of yellow fever, whence it is distributed to other parts of the world, even including New Orleans, Mobile, Pensacola, and all parts of the United States. From 1674 to 1850 it had never been known in South America south of the river Amazon, doubtless because trade with the West Indies was then little carried on, but it had frequently appeared in the United States. It is permanently present in Cuba, St. Thomas and St. Domingo, doubtless maintained by the filthy habits of the natives and the heat and malaria of the climate. It has been sent from the West Indies to Barcelona, Gibraltar, Lisbon, Oporto, France, and even directly to England. It is generally communicated to ships by persons and clothing, but especially by the filthy water and mud of yellow fever ports soaking into the holds of vessels. Its infectious nature at times becomes one of its most destructive features.

Typhus, typhoid, and relapsing fever, measles, scarlet fever, whooping cough, small-pox, and cholera, were then briefly considered, and concluded the paper.

On motion, Dr. Peters' paper was

referred to the Publication Committee. A paper upon "Suicide in large cities, with reference to certain sanitary conditions which tend to prevent its moral and physical causes," by Allan McLane Hamilton, M.D., of New York, was referred to the Publication Committee, without its being read.

The Association then adjourned to 3 o'clock.

AFTERNOON SESSION.

The Association re-assembled at 3 o'clock, Dr. Edwin M. Snow in the chair.

The first paper read was upon "The influence of the high altitudes and climate of the tableland country of the Rocky Mountain region upon health and disease," by B. E. Fryer, M.D., surgeon of the United States army. The Doctor states that, in connection with the subject of health, the meteorology of the whole region is of peculiar interest. The annual rainfall in the eastern portion of it will not probably average over twenty inches, and diminishes westward until the mountains are reached, near which it will not average much more than ten inches annually. Fogs are very infrequent and of short duration. The winds have considerable force more or less continuously; this is specially the condition in Western Kansas and Eastern Colorado, though it applies to the whole region. The temperature of the high altitudes is not so low as might be expected. At Fort Walker, in Kansas, at an elevation of 1856 feet above the sea, the mean temperature is 51° Fahr. The temperature of the lower levels of the eastern part of the plateau may and often does reach 105° Fahr. in summer, but the heat is rarely oppressive. This will be readily understood when remembering the small amount of moisture in the atmosphere and the consequent rapid surface evaporation. Winter, in the latitude of Kansas and Colorado, rarely commences till the middle or end of December, and spring generally appears at the end of February. Ozone is believed to exist in large quantities in the atmosphere of the plateau region, though no observations as to this were made, or were obtainable.

Among the diseases that are of rare occurrence may be included those of malarial origin, with the exception of the valleys of the streams in the lower levels of the plateau, and not often there. Ordinary scrofulous troubles are unknown, and diseases of the joints and bones almost so. Inflammation of the lungs, contrary to what is generally believed, is far from being infrequent. Over a large portion of the greater altitudes of the Rocky Mountain region and in New Mexico, and some parts of Colorado, it has several times assumed almost an epidemic character. At the lesser altitudes, both pneumonia and erysipelas are of rare occurrence, and this is especially the case so far as the former of the two diseases is concerned. Neither asthmatic difficulties nor chronic bronchial troubles are of very frequent occurrence in the older inhabitants or native people. Among new comers, if there is an asthmatic predisposition, the disease will certainly be provoked. An entirely satisfactory hypothesis for this has not been framed. It is, however, believed that some peculiar cause exists other than that which might be referred to the necessarily increased action of the lungs, dependent on the elevation.

The Doctor, alluding to the popular belief that the Rocky Mountain region is beneficial to persons suffering from pulmonary complaints, says he is convinced the belief is an error. Many cases of phthisis sent there from the East were not only not improved, but made worse. The disinclination and inability of patients to take exercise was referred to as one cause of the ill effects of the change. All consumptives should be excluded from the higher altitudes. There are, however, at lower elevations, points where there are all the advantages of dry air with day after day of sunshine. This region is found in Kansas, a large portion of Colorado and

Southern New Mexico. The paper concludes with the assertion that although a healthy individual will, with proper care, gain in vigor at high altitudes, and certain forms of debility, without organic lesions, do well, persons suffering from pulmonary diseases should not ascend to the altitudes beyond three or four thousand feet above the level of the sea.

J. S. Billings, M.D., Assistant Surgeon of the United States army, presented an abstract of special reports by army medical officers on the effect of mountain climates upon health. The conclusions drawn from the statistics gathered in the West were similar to those arrived at by Doctor Fryer in making his researches.

Dr. A. N. Bell, of Brooklyn, N. Y., then read a paper on "Perils of the Schoolroom, which demand the attention of Educational and Sanitary Authorities." The paper consisted of reports of the condition of schools in Brooklyn, New York, and other cities, showing that, with few exceptions, the pupils of public schools in almost all cities were confined in illy-ventilated rooms, and exposed to the poisonous influences of impure air, malaria from bad drainage, etc. All the papers presented were referred to the Committee on Publication. A brief conference upon "Laws and Methods of the Public Health Service of the Different Cities" was then participated in by members of the association, after which the association adjourned until evening.

EVENING SESSION.

Hon. L. H. Steiner, M.D., of Maryland was next introduced. His discourse was upon "Health, a Prerequisite of National Success in Peace and War." His address urged the subject of health upon the National Government as of paramount importance. Every hour of sickness is so much pecuniary loss to the nation. If all this could be computed, the value of good hygienic regulations could be understood. It is a terrible period in the history of a nation when its citizens commence to disregard the regulations of bodily health. In times of peace healthy minds are requisite for the advancement of the country in the path of civilization, and in times of war for the promotion of the physical and mental strength of contending armies. A legitimate deduction is that it is incumbent upon the Government to enact laws regulating the sanitary condition of the cities and towns, and to spread such information before the people as will aid in securing the greatest possible prevention of disease.

Dr. Agnew was next introduced. While he was aware of the duties of individuals, the public, and the Government, in providing ample accommodations for the sick, he thought the management of hospitals should be so regulated that so far as consorts with the welfare of the sick, the hospital doors shall be thrown open to the medical profession.

Resolutions of thanks to Messrs. Eaton and Steiner were adopted, and the meeting adjourned.

FOURTH DAY.

The last session of the annual meeting of the American Public Health Association began at 11 o'clock. The attendance was quite good. President Stephen Smith, M.D., occupied the chair. A number of gentlemen, whose names had been submitted to the Executive Committee, were elected to membership.

The Association then went into an election for officers. The present presiding officer, Stephen Smith, M.D., of New York, declined the compliment of a renomination, which was tendered, and the election resulted as follows:—

President, J. M. Toner, M.D., of Washington; First Vice President, E. M. Snow, M.D., of Rhode Island; Second Vice President, Professor Henry Hartshorne, of Philadelphia; Secretary, Elisha Harris, M.D., of New York; Treasurer, John H. Rauch, of Illinois. Executive Committee, J. S. Billings, United States Army; Stephen Smith, New York; Moreau Morris, New York; J. J. Woodward,

United States Army; James A. Steuart, Baltimore, and A. N. Bell, New York.

A resolution instructing the Executive Committee to enter into communication with the health boards all over the country as to quality and condition of water, and the general sanitary condition of the cities which they represent, with a view of obtaining a full knowledge on this subject, was passed, and after disposing of some unimportant matters, the Association adjourned *sine die*.

Gleanings from Our Exchanges.

THE TREATMENT OF PERTUSSIS BY INHALATION.

IN the *Boston Medical Journal* dated April 20th, 1871, appeared an article by John J. Caldwell, M.D., of Brooklyn, N. Y., entitled "A new and Successful Treatment of Pertussis." The treatment recommended was the following:

℞ Fl. ext. Belladonnæ, *m* v. to x.
Potass. Bromid., ʒi.;
Ammon. Bromid., ʒij.;
Aquæ, ℥ij. M.

Inhale one tablespoonful in the ordinary steam atomizer.

Several successful cases were reported.

In a subsequent number of the same journal Dr. J. W. Spooner reports the following additional successful cases:

CASE I.—April 1st. A boy of fourteen has had the disease for two weeks. The cough has been severe and the whoop well marked. Vomits after nearly every meal. The next record is April 5th, which is as follows: Patient has been at the office daily and used the atomizer. His cough has been less since the first inhalation, and he has whooped but once. The vomiting has ceased, and there is present but a slight cough, which is not distressing.

CASES II. and III. were two children (brother and sister) aged fifteen and twelve. Well-marked symptoms of whooping-cough had been present for two weeks. The same remedy was used for four days, under my supervision, with decided abatement of symptoms. As they were improving, I lent them a hand atomizer, which I afterwards understood they used only for a day or two. The cough lingered for several weeks in both cases, although the whoop was never well marked after the use of the atomizer. In fact, during the latter period, the disease seemed to be a simple bronchitis and nasal catarrh, the result of a series of colds, as the patients were very imprudent.

CASE IV.—A child of three years had a cough, with febrile symptoms for ten days. Yesterday, for the first time, had a decided whoop. Vomited every meal to day. Face is swollen, eyes congested, and, this morning, lids adhered from excessive secretion. The atomizer was used twice daily. Improvement commenced at once. From that date there was no vomiting, the countenance resumed a natural appearance, and at the close of the week the whoop had ceased, and in less than a fortnight not the least trace of the disease was present.

This, then, is the result of my treatment of pertussis by inhalation. When the disease is at all severe, I use the atomizer twice daily until the urgency of the symptoms is relieved, and then continue it once daily until the cough has entirely disappeared. In some cases I have somewhat varied the proportion of the ingredients, but have made no essential departure from the formula given.

KLEIN ON THE ANATOMICAL CHANGES IN TYPHOID FEVER (*Medical Times and Gazette*, Oct. 24, 1874). —Dr. Klein, of the Brown Institution, has lately made some interesting observations on the above subject. Sections of the hardened ileum of typhoid patients show, according to him, that an active absorption of peculiar organisms goes on in the mucous membrane of, and especially around, the Peyer's patches. These organisms are carried thence into the lymph-canals and the vessels of the mucous membrane.

In the earliest case which he examined, where death had occurred on the seventh day after the first appearance of headache, the crypts of Lieberkuhn were found to contain peculiar greenish-brown spheroidal corpuscles of very variable size, the largest twice or three times as big as a human red blood-corpuscle, the small ones only half or a quarter as large. When the bodies lie closely grouped together, as is generally the case, they appear of a dark olive-green color; and the corpuscles at the edge of such masses, or where they are completely isolated, exhibit transitional forms, due to incomplete subdivision. Similar corpuscles are found in the tissue of the mucous membrane, where they appear to be contained in the lymphoid cells of the adenoid tissue. The minute veins, and also some of the lymphatic vessels, contain large numbers of them, and in the former they subdivide rapidly, so as to form greenish-yellow granular micrococci, arranged in groups of two or four, as well as in rings and other figures. The micrococci have their origin in a mycelium whose filaments are branched and apparently smooth, and of a greenish-yellow color. These organisms occur not only in the neighborhood of Peyer's patches, which are moderately swollen, but also in parts of the mucous membrane which to the naked eye show no alteration except slight general swelling, although, microscopically, the follicles of the patches in one case were found to have undergone the following changes: The central part of the follicle, especially where it lies in the submucous tissue, was converted into a spongy substance by the formation of spaces around its blood-vessels, their wall consisting of the adenoid tissue with which the latter are sheathed. The lymphoid cells of this tissue were converted into large granular bodies containing two to five or even more nuclei, which greatly resembled the nuclei of the endothelial cells. In several of the follicles true giant cells were seen.

In a later stage (twelfth day) the mucous membrane itself showed somewhat similar changes, and the multinuclear lymphoid cells were found in its venules and in those of the submucous tissue, as well as in the lymphatics of the latter. Dr. Klein is unable at present to give a decided opinion whether the above alterations are directly dependent on the presence of the micrococci, or whether they must be considered as secondary to changes in the vascular system. The passage of micrococci inwards from the free surface of the intestine can be traced through the epithelium into the substance of the mucous membrane, and especially towards the crypts of Lieberkuhn; and this occurs in parts which are some distance from the swollen Peyer's patches, and which appear nearly or quite unaltered to the naked eye.—*Boston Medical and Surgical Journal.*

SCARLATINAL WAVES.—*The British Medical Journal* of October 17, 1874, in an editorial on this subject, states that the scarlatinal wave for a year is nearly always at its lowest point in spring, and at its highest late in autumn, usually in the months of April and November. This may be called the annual wave, and varies but little in its course, whether the disease be epidemic or not. An examination of the deaths in the metropolis (London), recorded during thirty-two years, shows that the *lowest* point in each year was reached, on fifteen occasions, between the tenth

and fifteenth weeks, and in nine others between the fifteenth and twentieth weeks; that the *highest* point in each year was reached, on sixteen occasions, between the fortieth and forty-fifth weeks, and on thirteen between the forty-fifth and fiftieth weeks. The total mortality in the thirty-two years, during the five weeks which are included between the beginning of the eleventh and the end of the fifteenth week, amounted to 5,204 deaths, whilst during five weeks which are included between the beginning of the fortieth and the end of the forty-fourth week in the same year, the deaths amounted to no less than 12,172.

Another wave, which may be called the *periodic*, may be represented by a line connecting together the mortality from the disease in each year, and indicates the years in which it is epidemic or non-epidemic. An examination of the mortality of each of the thirty-four years ending Dec. 31, 1873, shows that the disease was epidemic in 1840, 1844, 1848, 1852, 1854, 1858–59, 1862–64, and 1868–70; whilst the smallest mortality occurred in 1841, 1846, 1851, 1857, 1861, 1867, and 1873. It is, therefore, evident that the curve of the descending is much more gradual than that of the ascending wave, as the epidemic takes a longer time to subside than to rise again. The almost uniform recurrence of the disease as an epidemic, after three years of comparatively small mortality, is very noticeable in the figures just quoted.

What are the causes of this periodical increase in the height of the scarlatinal wave? Does it arise from seasonal influences, or other causes at present unknown? To this we can only reply, at present, that the careful comparisons made by Dr. Tripe in 1848, and by Dr. Richardson some years afterwards, show that a temperature below 44-6° Fahr. corresponds with the spread of scarlet fever, whilst a temperature above that point is coincident with an increase in the mortality; also, that the greatest mortality in the year occurs when the temperature ranges between 49-6° and 56-9°, but that the movement in the mortality does not occur in the same ratio with the increase in the temperature. This latter conclusion might have been expected from the comparative regularity with which the disease assumes an epidemic form every four years, whilst there are not, so far as we know, any corresponding sequences in any of the atmospheric phenomena. There is one important consideration respecting scarlatina, as well as small-pox and other eruptive diseases which occur ordinarily only once in a person's life, which must not be forgotten, viz., that in the interval between one epidemic and another a number of children are born who are susceptible to the disease from not having had it, and the epidemic may chiefly take its origin by the disease occurring in localities where there are many children unprotected, and thus spread rapidly to persons in the immediate vicinity. This can hardly explain its periodicity, although it accounts for the greater number of cases when the outbreak occurs.—*Boston Medical and Surgical Journal.*

PROF. ESMARCH recently attended a meeting of the Clinical Society of London, and gave a very interesting account of his method of controlling hæmorrhage, together with some reports of cases in which he had seen gratifying success attend its uses. Out of three hundred cases in which the method has been employed by him, no evil result has followed in any one. His cases had done better, he said, than those treated antiseptically, and with the ordinary means of controlling hæmorrhage.

INJECTIONS OF COD-LIVER OIL FOR ASCARIDES.—The *Journal des Connaissances Medicales* publishes a communication from Dr. Szerleki, of Mulhouse, on a case of irritation of the anus and adjoining parts, which was very greatly relieved by injecting an ounce of cod-liver oil into the rectum.—*The Obstetrical Journal.*

Book Reviews.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by H. Von Ziemssen, Prof. of Clinical Medicine, Munich, Bavaria. Vol. 1, Acute Infectious Diseases, by Prof. Liebermeister, of Tubingen, Prof. Lebert, of Breslau, Dr. Haenisch, of Griefswald, Prof. Heubner, of Leipzig, and Dr. Oertel, of Munich. Translated by R. H. Fitz, M.D., and Chas. P. Putnam, M.D., of Boston; Arthur Von Harlinger, M.D., of Philadelphia; James T. Whittaker, M.D., of Cincinnati; Edward W. Schauffler, M.D., of Kansas City; and Francis Delafield, M.D., Horatio Bridge, M.D., Thos. E. Satterthwaite, M.D., Lewis A. Stinson, M.D., J. Haven Emerson, M.D., and Normand Smith, M.D. of New York. Albert H. Buck, M.D., New York, Editor of American Edition. New York: Wm. Wood & Co., 27 Great Jones Street. 1874.

The above is the title page to the first volume of a new Cyclopedia of Practical Medicine, to be completed in a series of similar volumes. It is a volume of 700 large octavo pages, on good paper, plain type, and a good style of cloth binding. The publishers of this American edition have done their part of the work in a highly creditable manner.

So far as we can judge the translators have also performed their respective tasks well. The subjects embraced in this volume are: Typhoid Fever, by Liebermeister; Relapsing Fever, Typhus Fever and Cholera, by Lebert; the Plague, by Liebermeister; Yellow Fever, by Haenisch; Dysentery, by Heubner; Epidemic Diphtheria, by Oertel. These subjects are treated fully and ably, as would be expected from the high reputation of the writers. And to all practitioners who desire a work of reference that will give them a reliable view of the present status of Special Pathology and Therapeutics in Europe, we freely commend this work, so far as the present volume may be regarded as representative of those that are to follow.

It is not adapted for use as a text-book for students, neither could we commend unreservedly all the views advanced in reference to the treatment of the several diseases above named.

The statement of Dr. Liebermeister that the great object of treatment in Typhoid Fever is to reduce the temperature, and that it makes but little difference what means are chosen for that purpose, provided they are efficient, appears to us indicative of a very narrow view of the essential pathology of the disease, as well as too little regard for differences in the modus operandi of medicines. Neither will our personal observation quite justify the idea that from scruple to drachm doses of quinine, even when repeated only every second day, are entirely safe in all cases of typhoid fever. It is no part of our present purpose, however, to criticise the views of any of the writers in the volume before us, but simply to announce its publication and strongly commend it to such of our readers as desire a more complete work for reference than is afforded by any of the individual works on practical medicine accessible to them.